General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Pharmacydirect, 18 Commercial Street, Bitterne, SOUTHAMPTON, SO18 6LW

Pharmacy reference: 1122887

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

An independent pharmacy located in a residential area of Southampton. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, flu jabs and a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy fridge is too small for purpose and the maximum and minimum temperatures are outside the expected range.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy is appropriately insured to protect people if things go wrong. It keeps most of its records complete and up to date in accordance with the law. The team members know how to protect vulnerable people. The pharmacy uses written procedures for its practice which are kept up to date. But team members don't do enough of recording and learning from their mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team explained that near misses were recorded and then reviewed at the end of every month. The team demonstrated the near miss logs for the last few months, but there were no more than four entries for each month. The reviews included actions the team would take to try and prevent a recurrence of the incidents. However, the most recent reviews were not completed. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated regularly. The team had signed the SOPs to say they had read and understood them, and they were due for review in July 2020. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and valid until the end of October 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2019 survey were positive and displayed in the pharmacy window and on the nhs.uk website.

Records of controlled drugs and patient-returned controlled drugs were complete and accurate. A sample of methylphenidate 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained correctly, and the pharmacy checked the running balance regularly. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the 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. However, on checking the fridge temperature, it did not correlate with the temperatures recorded and the maximum temperature recorded by the probe was 11.2 degrees Celsius. The fridge was seen to be very full and did not close easily. The private prescription records were completed electronically, and some specials records were complete. However, a pile of certificates of conformity were kept in the consultation room cupboards without the dispensing label or patient details.

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. There were cordless telephones available for use and confidential waste paper was shredded regularly. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection (DSP) Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The contact details for the local safeguarding authorities were available to the team online and they had a safeguarding policy in the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 2 dispenser, one trainee dispenser and one medicines counter assistant. Certificates of completed training were displayed by the medicines counter. The staff were seen to be working well together.

The team did not have a formal on-going training programme, but they received regular training information from various sources and would be coached on any changes in the profession or services by the pharmacist or the superintendent. Training records for this training was maintained and staff signed to say they had received the training.

The team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed could improve service provision. 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's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, a consultation room, stockroom and a bathroom. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. The pharmacy was bright and modern in appearance. It had been opened six years previously and was presented professionally. The team explained that they cleaned the pharmacy between themselves daily and the shelves were cleaned when the date checking was completed.

The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of services. Medicines were stored on the shelves in an A-Z generic manner. The dispensary was screened to allow for the preparation of prescriptions in private and conversations in the consultation room could not be overheard.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not have a big enough fridge so it can't be sure that all of its medicines are being kept at the correct temperature. And its team members have not been trained thoroughly enough on high-risk medicines. So they may not be able to offer effective advice to people taking those medicines. The pharmacy obtains its medicines from reputable sources. And it generally manages them appropriately so that they are safe for people to use.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion by the medicines counter. There was step-free access into the pharmacy via an electric sliding door. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. However, the compliance aids examined did not include descriptions of the medicines inside, but the dispenser explained that they were supplied with patient information leaflets (PILs) every month which include the descriptions of the medicines. The pharmacy team had an awareness of the risks to women in the at-risk group if they were taking valproates as they had seen the warnings on the packaging, but they had not had any training on this. The dispensers explained that the pharmacists would normally ask patients taking warfarin if they were aware of their dose and they were having regular blood tests and he would do this during MURs. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD) and had the PharmScanner software in place to decommission medicines, but they were not using it. The pharmacy obtained medicinal stock from Colorama, AAH, Alliance, Sigma and B&S. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was too small for the stock held in the pharmacy and the door could not be closed properly as it was very full. The maximum fridge temperature recorded during the inspection was higher than appropriate. The CD cabinet was appropriate for use and correctly secured to the wall of the pharmacy in accordance with regulations. 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 actioned MHRA recalls, but the most recent one held in the recall file was from February 2019 for Amoxicillin 500mg capsules.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 500ml, 100ml 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 such as a BNF and a BNF for Children 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. The computers were all password protected and conversations going on inside the consultation room 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.