

Registered pharmacy inspection report

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

Pharmacy reference: 1122887

Type of pharmacy: Community

Date of inspection: 16/09/2020

Pharmacy context

This is a community 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. It usually offers Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance packs for people if they find it difficult to manage their medicines, flu vaccinations and a 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
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

Overall, the pharmacy is operating safely. It identifies and manages the risks associated with its services appropriately. This includes the risks from COVID-19. The pharmacy suitably protects people's private information. And its team members understand how to protect the welfare of vulnerable people. Although the pharmacy's team members handle their mistakes responsibly. They don't always record them. This limits their ability to learn from their mistakes and prevent them from happening again.

Inspector's evidence

The pharmacy had identified the risks associated with its services, including those from COVID-19. Its premises had been modified to help reduce the spread of infection (see Principle 3) and the responsible pharmacist (RP) had completed the necessary risk assessments. This included occupational ones for the team. This helped ensure the pharmacy could safely operate during this time.

The pharmacy was routinely cleaned, and its surfaces were wiped down after people left the premises. There were hand sanitisers on every workspace. Team members had personal protective equipment (PPE) and they were wearing it during the inspection. Staff were observed working in separate locations in the pharmacy. This helped them to socially distance where possible. The RP was aware of the requirement to report any cases of staff contracting COVID-19 during work. Only three people at a time could enter the pharmacy. This helped them to socially distance and reduce the spread of infection. A sign had been displayed at the front door to highlight this along with a poster asking people to wear face masks when they entered the premises.

The pharmacy had a range of documented standard operating procedures (SOPs). They provided guidance so that the team could carry out internal tasks within the pharmacy appropriately. The SOPs had last been updated in 2018 and were due for a review soon. Staff had read and signed them. They understood their roles and the correct RP notice was on display. The pharmacy was very organised, clean and tidy. Its workspaces were free of clutter. The workflow involved staff processing prescriptions in batches from one area, dispensing them and placing them on another workspace before the RP carried out the final accuracy check by the RP. Multi-compartment compliance packs were assembled and stored in the back section.

According to the RP, near miss mistakes were usually recorded and a discussion was held with the team about them. This helped staff to learn from them. Medicines that had been involved in errors were separated. Look-alike and sound-alike medicines had been identified. However, there had been no near miss mistakes recorded for the past few months. This was discussed at the time. Internal errors were reviewed informally although there was a formal process in place to record dispensing errors that left the pharmacy. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and this was due to be renewed after 31 October 2020. A sample of the pharmacy's records seen had been completed in line with legal requirements. This included records for controlled drugs (CDs). Balances for CDs were checked regularly to help verify this. On randomly selecting CDs held in the cabinet, their quantities matched the balances recorded in the register. However, there were issues with the fridge and the temperature seen (see Principle 4). This was rectified following the inspection.

Staff shredded confidential waste and used their own NHS smart cards to access electronic

prescriptions. Sensitive information could not be seen from the retail space and dispensed prescriptions awaiting collection were stored in a separate area, away from members of the public. The pharmacy had an information governance policy which staff could refer to and they been trained on data protection. Team members had also been trained on safeguarding and protecting the welfare of vulnerable people. The RP was trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are trained or undertaking the appropriate training. They understand their roles and responsibilities. And members of the pharmacy team are provided with resources to complete their ongoing training. This helps keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy's staffing profile consisted of a regular pharmacist, two dispensing assistants, two medicines counter assistants and an apprentice. Aside from the latter, the remaining team members had been trained through accredited routes. Their certificates of qualifications obtained were on display. The pharmacy was on top of its current workload. Team members were observed assisting each other and appeared to work well with one another. The apprentice explained that her training consisted of attending college with hand-on training at the pharmacy. She felt supported and was appropriately supervised. The team's progress was monitored informally, generally every three to six months. Counter staff used an established sales of medicines protocol before selling OTC medicines. They referred to the pharmacist appropriately. The owner confirmed that the staff were provided with ongoing training material from various pharmacy support organisations to help keep their knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to deliver healthcare services. The pharmacy is presented professionally. It is clean and modern. And it has plenty of space to provide its services effectively.

Inspector's evidence

The pharmacy's premises consisted of a medium-sized retail area and dispensary with staff facilities and a stock area. There was plenty of space available for tasks to be carried out effectively and for storage. A signposted consultation room was available for private conversations and services. This room could be accessed from both the retail space and dispensary. The entrance from the former was kept locked with key-coded entry. This helped to prevent unauthorised access into this space. Although the front section of the dispensary was open plan, the workspaces here were still screened appropriately which enabled prescriptions to be prepared in private. Overall, the pharmacy was very professional in its appearance. It was clean, bright and well ventilated with modern fixtures and fittings.

The pharmacy had been adapted to help with the pandemic. The floor had sections marked to indicate how far forward people could approach the counter and where they could stand. Several signs were on display to assist with this. This meant that people were always two metres away from one another which helped ensure they could socially distance. The size of the retail space meant that about three people could be present at any one time. A screen had been positioned in front of the medicines counter as a barrier and there were also several posters on display to provide information about coronavirus.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in an appropriate way. And people can easily access them. The pharmacy's team members keep the records that they should. And they understand the actions to take if any medicines or devices are not safe to use. This protects people's health and wellbeing. The pharmacy obtains its medicines from reputable suppliers. It generally stores them properly and has taken the appropriate steps to manage its stock suitably.

Inspector's evidence

People could enter the pharmacy from the street and there was clear, open space inside the premises. This meant that people with wheelchairs or restricted mobility could easily use the pharmacy's services. The pharmacy had its own car park with reserved spaces for blue badge holders at the front of the premises. Seating was available if people required this. The pharmacy's opening hours were on display alongside a range of leaflets and posters to promote health. After obtaining people's consent for the NMS, consultations were taking place by telephone. The RP explained that some of the pharmacy's services were currently under review to consider how they could be provided safely during the pandemic. This included flu vaccinations. Consequently, the pharmacy was not yet providing this service.

The pharmacy provided compliance packs to people. The person's GP set this up for them. Staff ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Patient information leaflets (PILs) were routinely supplied although descriptions of the medicines inside the packs were not usually provided. This was discussed at the time. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. Electronic records for the delivery service were being maintained and the pharmacy had previously used volunteers. After obtaining consent, contactless deliveries were being made due to COVID-19 and the driver signed on people's behalf 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 team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff 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. The pharmacy was set up to comply with the decommissioning process under the European Falsified Medicines Directive (FMD). Staff described undertaking this process occasionally when they remembered. The pharmacy used licensed wholesalers such as AAH, Colorama, Sigma and Alliance Healthcare to obtain medicines and medical devices. 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. No date-expired or mixed batches of medicines were seen. Drug alerts were received by email and actioned appropriately. Records were kept verifying this. Medicines returned for disposal, were accepted by staff and stored within designated containers and people bringing back sharps to be disposed of, were referred to the local council.

There were however, issues seen with the fridge at the point of the inspection. It was too small for the

volume of stock being held within it. It was also packed which meant that the air flow was being restricted. The maximum fridge temperature recorded during the inspection was 11 degrees Celsius (above the maximum range of eight degrees Celsius). The RP explained that since the last inspection, staff had brought the stock down to minimum levels which had helped keep the fridge temperature within the appropriate range. Since then, stock levels had subsequently increased. After discussing the ongoing implications of this situation, evidence was received that a new fridge had been ordered and received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And is used in a way that protect people's privacy.

Inspector's evidence

The pharmacy had the appropriate equipment and facilities it needed to provide its services. This included clean, standardised, conical measures for liquid medicines, counting triangles and a clean dispensary sink for reconstituting medicines. Hot and cold running water with hand wash was available. The CD cabinet was secured in line with legal requirements. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Cordless phones were available to help conversations to take place in private. Staff held their own NHS smart cards to access electronic prescriptions.

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.