

Registered pharmacy inspection report

Pharmacy Name: Popley Pharmacy, Shakespeare House Medical Centre, Shakespeare Road, Basingstoke, Hampshire, RG24 9DT

Pharmacy reference: 9011298

Type of pharmacy: Community

Date of inspection: 01/06/2021

Pharmacy context

This is a community pharmacy located in a residential area of Popley in Hampshire, next to a GP practice. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers the New Medicine Service (NMS), local deliveries and multi-compartment compliance packs for people who find it difficult to manage their medicines at home. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	Members of the pharmacy team are competent. They have the appropriate skills and qualifications for the roles and the tasks they undertake.
		2.4	Good practice	The pharmacy has a culture of openness, learning and honesty. Its team members are provided with training resources and staff are given time to complete this. This helps improve their knowledge and skills.
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

The pharmacy is operating safely. It has suitable systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

The pharmacy was clean and tidy with clear, organised processes. It had a range of documented standard operating procedures (SOPs), dated from 2020 that were updated when required. They provided guidance for the team to carry out tasks correctly. Team members knew their roles and responsibilities. They had designated tasks. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3). A poster was on display asking people to wear a mask upon entering. Only two people at a time could enter the premises. The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. The team had been vaccinated against coronavirus. People using the pharmacy's services were discouraged from using pens to help prevent cross-contamination. Hand sanitisers were present for them to use. The pharmacy was cleaned regularly. This included wiping down touch points and surfaces and staff used a rota to help with this. Risk assessments for COVID-19, including occupational ones for the team had been completed. The responsible pharmacist (RP) was aware of the requirement to report any cases of staff contracting COVID-19 during work. Information about coronavirus was also on display.

Staff routinely recorded their near miss mistakes. They were reviewed every month and discussions were held with the team. In response, the way that medicines were stored had been changed and higher-risk medicines had been highlighted as well as separated. This helped staff to minimise mistakes. The RP explained that there had been no incidents or complaints since the pharmacy had started trading. The pharmacy had a complaints policy and the RP's process to handle incidents was suitable.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. Staff had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). And the pharmacy's chaperone policy was on display. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. Staff explained that they purposefully did not use a PC that was closest to the front counter nor did they use a workbench here. This was because people could view sensitive details from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of electronic registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding

registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. The RP had also created a checklist to help staff to process and record information about unlicensed medicines. However, on occasion, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team is appropriately trained. Team members work well together. And the pharmacy provides them with ongoing training material. This helps keep the team's knowledge and skills current.

Inspector's evidence

The pharmacy's staff included the RP who was also the superintendent pharmacist and two, appropriately trained, dispensing assistants. Team members had set jobs and roles but were trained to cover each other. They were observed to work well together. The pharmacy was up to date with the workload and there were enough staff to manage its volume of dispensing. Team members covered each other as contingency, they explained that this was manageable. They knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines or products. The staff said that they liked working at the pharmacy, they felt supported by the RP and felt confident to raise concerns. Regular team meetings took place where relevant matters such as near misses or incidents could easily be discussed and the team's individual performance was monitored and fed back. They were also provided with resources for ongoing training through various organisations who supported pharmacies (such as CPPE and Numark). Time to complete this was provided at work. And this helped ensure they continually learnt and kept their knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy has introduced measures to help reduce the spread of COVID-19 inside its premises. It is kept very clean. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises were new with modern fixtures and fittings. The exterior and interior were professional in appearance. The pharmacy was clean, bright and well ventilated. It was very clean. The pharmacy's retail space was small but adequate. The dispensary was slightly larger but had enough space to carry out dispensing tasks safely. There were designated workstations for different activities to take place. A signposted consultation room was present in the retail space. This was kept locked. It also contained lockable cabinets, was clear of clutter and of a suitable size for its intended purpose. The premises had been adapted to help ensure people could safely socially distance. There was a notice on the door about how many people could enter at any one time and markers on the floor inside to help indicate where people could stand. A screen had been placed in front of the medicines counter and the pharmacy had posters on display to provide information about coronavirus.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. People with different needs can easily access the pharmacy's services. The pharmacy sources, stores and manages its medicines well. And its team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

People could enter the pharmacy from the street through a wide, front door. Clear, open space inside the retail area helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. Sofa style seating was present for a few people to wait for their prescriptions if needed. The pharmacy and adjacent surgery had a large, free car park which people could easily use. Staff explained that they wrote information down to help people who were partially deaf or spoke slowly and clearly. They also used 'google translate'. This had particularly helped people from the local Nepalese community. The pharmacy's opening hours and services that it provided were listed on the front door and inside the retail area. A selection of leaflets promoting health and posters providing details about coronavirus were on display. Staff also had access to information where they could easily signpost people if needed to other organisations.

The pharmacy provided multi-compartment compliance packs after this was considered necessary. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, updated their records to reflect this and queried with the prescriber if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight after they had been prepared. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

Staff explained that the adjacent GP surgery had remained closed since the pandemic started but had only very recently opened their doors. Footfall inside the pharmacy was still low but according to the team, people were slowly starting to realise that a pharmacy had opened here. The pharmacy currently only offered the NMS by telephone. Staff explained that the Discharge Medicines Service (DMS) had been working well when people with compliance packs had been discharged from hospital. The team regularly received the required information, the person was contacted to explain and check the change(s) with them and the associated prescription was amended accordingly before the supply was made.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble and store compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had 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.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored within a retrieval system. Stickers were used to identify fridge items, CDs, if pharmacist intervention was

required and for higher-risk medicines. For the latter, a laminated poster about different higher-risk medicines was displayed on the bench close to where the assembled prescriptions had been stored. This served as a reminder to prompt staff to ask relevant questions. Team members described routinely asking for details about relevant parameters, such as blood test results for people prescribed these medicines and after obtaining this information, records were kept about this. In addition, the drawers where these medicines were stored had also been highlighted. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Phoenix and Trident to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

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 the team ensure they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The latter could be locked. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access or not used where this was a risk (as described under Principle 1). The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.