

Registered pharmacy inspection report

Pharmacy Name: Netley Pharmacy, 67 New Road, Netley Abbey,
Southampton, Hampshire, SO31 5BN

Pharmacy reference: 9011505

Type of pharmacy: Community

Date of inspection: 27/09/2021

Pharmacy context

A pharmacy located in a residential area in Netley, Southampton and is mainly used by people who live in the local area. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides flu vaccines and a local 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's working practices are safe and effective. It has made suitable adjustments to those working practices to help protect people from the coronavirus. Team members keep people's information safe and they help to protect vulnerable people. The pharmacy also keeps the records it needs to by law and it records its mistakes. But it doesn't formally review those mistakes regularly enough yet to learn from them and to prevent them from happening again.

Inspector's evidence

A near miss log was displayed in the dispensary and was seen to be used by the team. The pharmacist explained that he reviewed the near misses verbally with each team member, highlighting their own errors and changes they could make. As the pharmacy was newly opened, they did not have many near misses, but the pharmacist explained that as near misses would be picked up, they would start reviewing them every month. The pharmacy team were wearing fluid resistant surgical masks during the inspection and explained that they all wore them to ensure they and their patients were kept as safe as possible.

The pharmacist explained that if the team made a dispensing error, an incident report form was submitted to the superintendent pharmacist and then discussed with the team depending on its nature. The pharmacist then described how he dealt with a specific incident. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team ordered stock and labelled repeat prescriptions at the back of the pharmacy to reduce distractions.

Company SOPs were in place for the dispensing tasks. The pharmacist had signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs and they were reviewed regularly. 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 pharmacist explained that they were planning on carrying out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey and the results would be shared, but they had not done this yet as they were newly opened. A certificate of public liability and indemnity insurance from the National Pharmacy Association (NPA) was on display in the dispensary.

The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were in the 2 to 8 degrees Celsius range. The electronic private prescription records were completed appropriately. The specials records and controlled drug records were complete with the required information.

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 wastepaper was collected in baskets on the workbenches and later shredded. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and team members were aware of things to look out for which may indicate a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding

incident.

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. They complete regular additional training to help them keep their knowledge up to date.

Inspector's evidence

During the inspection, there was one pharmacist and one NVQ Level 2 dispenser. They were seen to be working well together and supporting one another. The pharmacist explained that staff from a sister pharmacy were also used to ensure they always had adequate cover.

The team completed GPhC accredited training courses and received additional training booklets from Numark. The pharmacist explained that the head office team would also send any reading material via Whatsapp groups.

The pharmacy team members explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and they 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. The pharmacy has made suitable adjustments to its premises to help protect people from the coronavirus. 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, consultation room and dispensary. Upstairs in the building were a staff bathroom and kitchen area as well as space for the future preparation of multi-compartment compliance aids. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. The medicine counter was protected from the public by a lockable Perspex door. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. A screen had been installed in front of the dispensary to help protect staff and the public from airborne viruses. There was enough space for the staff to socially distance and only one member of the public, or one family, was allowed in at a time due to social distancing measures.

The pharmacy had recently been fitted out and was bright, professional in appearance and clean. Team members explained that they cleaned the pharmacy between themselves every day. The shelves were clean, and the pharmacist explained that they clean the shelves when they put stock away.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard and the consultation room included seating and a sharps bin. Room 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 pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general 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 patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. Two seats were also available outside the pharmacy so people can sit down while waiting to enter as part of the COVID-19 social distancing measures. Alcohol hand gel was also available for use in the pharmacy which the team were observed using regularly.

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 on valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates. The pharmacist explained that if he handed out a warfarin prescription, he checked with any patients taking warfarin to ensure they were aware of their dosages and they were having regular blood tests. However, this information was not routinely recorded. The pharmacist explained how he would provide information leaflets or monitoring books for all high-risk medicines if the patients did not have them. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy obtained medicinal stock from Alliance, AAH, Phoenix, Sigma, Bestway and OTC. Invoices were seen to verify this. Date checking would be carried out every three months and the team had stickers to highlight items due to expire. However, a full date checking cycle had not been completed yet as the pharmacy had only recently opened. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were 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 and a list of hazardous waste medicines was available in the SOPs. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use 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 kept an audit trail for the MHRA recalls and had recently actioned a recall for rosuvastatin tablets. 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 it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. 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 British National Formulary (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 inside the consultation 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.