

Registered pharmacy inspection report

Pharmacy Name: Lalys Pharmacy, Unit 21, 151 Fawcett Road,
Portsmouth, Hampshire, PO4 0DG

Pharmacy reference: 9011859

Type of pharmacy: Community

Date of inspection: 10/06/2022

Pharmacy context

This pharmacy is on a major route through Portsmouth towards Southsea, and is one of several pharmacies owned by the same local company. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy provides substance misuse services and a travel health service. It also dispenses some medicines in multi-compartment compliance packs for those who may have difficulty managing their medicines

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	1.1	Good practice	There are arrangements in place to make sure learnings are shared with the whole team, and also between teams across the company. Pharmacy team members had visited other pharmacies outside of their own company to learn from them. They have also identified potential risks and taken appropriate action to mitigate them.
2. Staff	Standards met	2.4	Good practice	Team members were enthusiastic about their jobs and could explain the significance of what they do. They appeared to be comfortable discussing their mistakes and learning from them.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Compliance aids are managed in a separate room away from distractions. Robotic technology, including photographs of the tablets and capsules in the packs, is used in the assembly of those compliance packs.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has up-to-date written instructions which tell its team members how to complete their tasks safely. The pharmacy keeps satisfactory records of any mistakes made during the dispensing process. It also makes sure the whole team learns from those mistakes. The team attends meetings with other local pharmacy teams within the company to share best practice and to learn from each other. It has appropriate insurance in place to help protect people if things do go wrong. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and effectively managing the risks associated with their services. The pharmacy satisfactorily manages and protects people's confidential information. Team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) in place which included risk assessments of each service provided. Team members had read, understood and were following them. The lead pharmacist had reviewed them within the previous six months to make sure they remained up to date. Workplace risk assessments had been carried out prior to the pharmacy opening. Team members were no longer wearing face masks having discussed the risks involved. They still maintained a safe distance from each other and kept all work surfaces clean. The lead pharmacist explained that the company had employed a clinical nurse supervisor whose role was to write risk assessments for each new service before it was introduced. For example, they had identified a potential risk of spreading infection when using blood pressure machines, so had introduced protective sleeves to avoid this.

There were record sheets in the dispensary for staff to document their near misses and errors showing the nature of the incident, who had made it and what had been learned as a result. The responsible pharmacist (RP) explained how they would regularly review recent near misses and errors so that everyone was able to learn from them. They also attended meetings with other pharmacy teams within the company.

Team members were all clear about their own responsibilities and knew when to ask for help. There was a notice on display to show people the name and registration number of the responsible pharmacist (RP) who was on duty. There was also a daily RP record kept on the pharmacy computer system. Prescription labels were initialled to show who had assembled and checked the prescriptions. There was a complaints procedure in place and a certificate was on display showing that the pharmacy had valid professional indemnity insurance cover.

Private prescription records were maintained using the pharmacy's patient medication record (PMR) system. The online controlled drugs (CD) register was easily accessible, and those records examined were in order. The entries in the CD register were balanced against the items held in stock every week. There was a record of CDs returned by people who no longer needed them. The pharmacy had kits for denaturing and disposing of the unwanted CDs.

Team members were able to describe how they protected people's confidential information. There was a shredder used for disposing of confidential waste at the end of each day. The lead pharmacist added

that they were making arrangements with a suitably licensed contractor to have their confidential waste removed and destroyed offsite.

All registrants had been accredited to level 2 in safeguarding, and other team members were able to describe some of the warning signs which may indicate a safeguarding concern. The team knew where to find the contact details of the local safeguarding agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are enthusiastic about their work, appropriately trained and work well together. They have a satisfactory understanding of their role and how they can help people with their medicines. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist.

Inspector's evidence

During the inspection there was one accredited checking assistant currently undertaking technician training, two dispensing assistants currently undertaking combined medicines counter assistant and dispensing assistant training, and one fully trained dispensing assistant on duty. These team members were in addition to the RP and the company's lead pharmacist who were also present. They appeared to be enthusiastic and comfortably managing their workload. In the event of staff shortages, other team members could increase their hours or seek help from other local branches. Different team members were seen to serve customers, all asking appropriate questions when responding to requests or selling medicines. Team members were involved in open discussions about their mistakes and learning from them. Team meetings were held regularly to discuss current events, training, near misses, errors. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There were no formal targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a very professional, safe and secure environment for people to receive its services. They also provide the team with a very pleasant working environment. It has included some of the features used during the pandemic to help minimise the spread of airborne viruses. This may help to protect both its team members and people visiting the pharmacy.

Inspector's evidence

The premises were newly refitted so were very clean, tidy and well laid out. There was sufficient space to work safely and effectively with a logical workflow in the dispensary. There was a large open area to the rear of the premises with its own separate entrance. This entrance had two sets of double doors, creating a lobby for delivery drivers to wait in before the inner doors were unlocked for them to enter. This area was still under construction at the time of the inspection but would be used as a central hub to assemble prescriptions for the other pharmacies (spokes) within the company. An automated dispensing robot had been ordered and was due to be installed in the near future. The lead pharmacist outlined the research they had carried out, including site visits to other companies with hub and spoke arrangements already in place. There was some storage racking around the walls for storing stock.

There was a separate room leading off from the rear area which was used for managing the pharmacy's multi-compartment compliance pack service. There was also a separate management office and staff rest room. All of which were newly refitted and created a pleasant environment for people to work in.

There was a spacious consulting room with access from the retail sales floor. The door was closed and had a keypad lock to keep it secure when not in use. There were storage cupboards inside and no confidential information was visible. There was a password-protected computer on the desk for use when providing some of the pharmacy's services.

The dispensary sink was clean and free of limescale. Hot and cold water, handwash and drying facilities were present. All worksurfaces were very clean. There was a Perspex screen at the medicines counter to help reduce the spread of airborne viruses. Room temperatures were maintained to keep staff comfortable and were suitable for the storage of medicines. The layout was arranged to allow effective supervision of the retail sales area, which was very professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services which it delivers in a safe and effective manner. And people with a range of needs can easily access them. It sources, stores and manages its medicines safely. It has a well-organised compliance pack service with detailed records keeping track of each one. The pharmacy makes sure that all the medicines it supplies are fit for purpose, responding appropriately to drug alerts or product recalls.

Inspector's evidence

There were double doors into the pharmacy from the main road, making it easily accessible for people using wheelchairs or mobility scooters. The layout inside the pharmacy also allowed sufficient space for wheelchairs and mobility scooters.

A list of pharmacy services was displayed in the shop window and there was a designated area for health promotion materials. The posters and other displays hadn't been installed at the time of the inspection but would be shortly afterwards. The pharmacy provided a range of services including travel vaccinations, substance misuse services and seasonal flu vaccinations during the autumn and winter. There were Patient Group Directions (PGDs) in place for the Emergency Hormonal Contraception (EHC) service, enabling the pharmacy to offer a choice of two different tablets. The travel health service was underpinned by digital PGDs from CityDoc, a separate company providing a range of services through local pharmacies.

The pharmacy was offering the recently introduced hypertension case finding service. A risk assessment had been carried out prior to introducing the service and this was included in the SOP. The service was proving successful in identifying people with previously undiagnosed high blood pressure. Those meeting the criteria specified in the service were fitted with an ambulatory blood pressure monitor for 24 hours if their blood pressure exceeded a specified level. After which the results were downloaded and analysed. Appropriate lifestyle advice was offered, along with a copy of the results. A copy was also sent to the person's GP.

Controls were seen to be in place to reduce the risk of picking errors, such as separating those items known to be at greater risk of being mixed up. Examples included keeping amlodipine tablets away from amitriptyline tablets. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. Owings tickets were in use when medicines could not be supplied in their entirety.

Prescriptions awaiting collection were stored so that people waiting at the medicines counter couldn't read any of the bag labels with other people's names and addresses on. CD stickers were attached to completed prescriptions for CDs so that staff would know that they needed to look for a bag in the CD cupboard. The lead pharmacist explained that the prescription retrieval shelves were cleared every four weeks and all items over 28 days old, including schedule 3 and 4 CDs would be removed. Prescriptions for items that need to be stored in the fridge were highlighted in a similar way with a 'fridge' sticker.

Multi-compartment compliance packs were assembled at another local branch with a robotic blister

pack dispensing machine. Those prescriptions were clinically checked in this pharmacy, the printed Medication Administration Record (MAR) charts and tokens were then sent to the dispensing robot for assembly. They were then checked before sealing and returning to the pharmacy where they would be checked again, and any additional non-blistered items added. There were individual files containing records of each person's medication, when they were to be taken and any known allergies. Hospital discharge information was kept in a separate file. Changes were recorded in the file and any discrepancies were followed up before dispensing. Compliance aids were seen to include product descriptions and photos of each individual tablet or capsule. Patient information leaflets were supplied at the start of every four-week cycle. People were referred to the pharmacy for this service by the local concordance team, and the pharmacy was kept up to date with regular communications from them. They ensured that people or their carers understood how the service worked and how to use the blister packs and charts. The concordance team and the pharmacy worked together to ensure that the service continued to meet the needs of local people. The pharmacy also offered a delivery service, but this was not examined during the inspection.

Staff were aware of the risks involved in dispensing valproates to women who may become pregnant. Prescriptions for valproates were dispensed in original packs containing all the safety warnings and the patient warning card. If this was not possible, team members would give people a patient information leaflet and a 'warning' sticker would be placed on the white box. They also checked whether the patient had been given a valproate patient guide in the past and provided one if not. If the person was in the at-risk group, they would also check that the patient was taking highly effective contraception and ensure that they knew the risks of becoming pregnant while taking valproate. The lead pharmacist added that they would contact the person's GP if they were not using highly effective contraception. They also reminded people of the importance of attending their regular valproate reviews with their specialist. Records would be made of any referrals made to the GP on the patient PMR and of any conversations we had with the patient detailing information and advice provided.

Medicines were obtained from licensed wholesalers and routine date checks were seen to be in place. Fridge temperatures were checked daily and those records examined were all within the correct temperature range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The pharmacy received drug alerts and recalls from the MHRA by email. Each alert was annotated with any actions taken, the date and initials of those involved. There was also a log at the front of the file summarizing each recall. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

The pharmacy supplied specific medicines to a large number of people who were dependent upon them and who might otherwise experience withdrawal symptoms. Those supplies were recorded appropriately, and the local substance misuse team informed if a service user missed a dose.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is kept clean and suitably maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), and access to online reference sources.

The pharmacy had a contract in place for its blood pressure monitor and carbon monoxide monitor to be checked and recalibrated annually. Records for these checks were held centrally in the company head office. The monitors were new as they had only recently been replaced. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not legible 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.