

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Direct, 108 Portswood Road,
Southampton, Hampshire, SO17 2FW

Pharmacy reference: 9011950

Type of pharmacy: Community

Date of inspection: 04/07/2023

Pharmacy context

A pharmacy located on a busy high street in the Portswood 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 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

The pharmacy satisfactorily identifies and manages the risks associated with its services. It has up-to-date written procedures that the team follows, and team members are well aware of their roles. The pharmacy completes all the records it needs to by law. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

A near miss log was present in the dispensary and was seen to be used by the team. However, it had not been recently used regularly. The team had seen some changes and a new pharmacist had started working there in the same week. The pharmacist stated that he was planning to ensure the team used the near miss log regularly and they adopted a learning culture around the errors to find ways to prevent incidents from happening.

The pharmacy had Standard Operating Procedures in place with staff roles and responsibilities clearly defined. The SOPs were reviewed regularly by the superintendent pharmacist every two years, or earlier if there were any changes. The pharmacist stated that he was reading through the SOPs and would review the processes to ensure the team's practices reflected the SOPs. The medicines counter assistant was observed taking in and handing out prescriptions in accordance with the SOPs.

The dispenser explained that if the team made a dispensing error, an incident report form was completed, and the superintendent would be informed. The dispenser explained that since the pharmacy had opened, they had made only one error and it was quickly rectified and reported. The dispenser stated that to prevent mixing up items which looked similar, or sounded similar, the team separated the items on the shelves. There was a workflow in the pharmacy where labelling, dispensing, and checking were all carried out at different areas of the work benches.

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. A valid certificate of public liability and indemnity insurance from the NPA was on display in the dispensary.

A sample of MST 5mg tablets was checked for record accuracy but was seen to be incorrect. The pharmacist explained that he would be carrying out regular balance checks on the CDs. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were in the two to eight degrees Celsius range. The electronic private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

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 clearly. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later shredded. The shredded confidential

information was then removed by an appropriate contractor for further destruction. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the 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. They were all Dementia Friends and had completed this learning online. The safeguarding policy was on display in the dispensary and there was a list of the local safeguarding contacts in the pharmacy which they could refer to if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has suitably trained staff, and it gives them regular ongoing training. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one pharmacist, one pharmacy student who was about to start his foundation training, one dispenser and one medicines counter assistant. The dispenser had completed his dispenser training but was awaiting sign-off. The staff were seen to be working well together and supporting one another.

The team completed GPhC accredited training courses and received regular updates from the NPA and the superintendent pharmacist. They also received the 'Counter Skills' training books and regular reading material around any new products or health campaigns.

The pharmacy team 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 the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is new, and its premises are clean, bright and appropriate for the services it provides. The pharmacy is organised and it has enough workspace for the team to work effectively. The pharmacy has a suitable room for private conversations.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, further rear dispensary, staff room, stock room and staff bathrooms. 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 pull-out counter top which could also be used by wheelchair users to sign for prescriptions. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy had recently opened and was very clean and modern in appearance. Team members explained that they cleaned the pharmacy between themselves every day in the morning and a cleaning rota was available. The shelves were cleaned when the date checking was carried out.

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, a computer, storage and a sharps bin. 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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services to support the health needs of the local community. And it makes those services easily accessible. The pharmacy delivers its services safely and effectively. And team members make suitable checks to ensure that people taking higher risk medicines can do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

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. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it while waiting for services. There was a weekly rota of different local areas for the delivery service.

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 taking valproates. And they had completed an audit to help identify any affected people. They explained that they use valproate leaflets every time they dispense valproates, and they would place dispensing labels below the information cards on the dispensing boxes. 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 various licensed wholesalers. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers and would make a record of items due to expire or that had expired. 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 expired, patient-returned CDs and CDs ready to be collected were segregated from the rest of the stock. The team also highlighted the prescription dates for CDs to ensure they were not handed out once expired. MHRA alerts came to the team via email from the NHS and from the superintendent and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. 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 appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml 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 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.