

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Direct, 355A Shirley Road, Shirley,
Southampton, Hampshire, SO15 3JD

Pharmacy reference: 9012274

Type of pharmacy: Community

Date of inspection: 11/07/2024

Pharmacy context

This is a pharmacy located next to a medical centre in Shirley, Southampton. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides the Pharmacy First Service, blood pressure service, New Medicines Service (NMS) and a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not keep up to date with recording its mistakes. Written operating procedures are not present in the pharmacy for the team members to refer to.
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 not all met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't always appropriately identify and manage the risks associated with its services. It does not have complete written procedures in place, nor does it complete all the records it needs to by law in a timely manner. However, 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 record was available in the dispensary but it was not being used on a regular basis. However, the team explained that when the pharmacists found a near miss, the dispenser would be informed of it, and the near miss would be corrected. The dispensers explained that most of their near misses came from medicines which looked alike and had similar sounding names.

A pharmacist explained that Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been updated recently. However, other than the Responsible Pharmacist SOPs, they could not be found during the inspection. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The staff explained they would refer complaints to the manager or the superintendent pharmacist. A valid certificate of public liability and professional indemnity insurance was available and on display in the dispensary.

The controlled drug (CD) register was maintained, and the CD balance was checked whenever a CD was dispensed. However, a balance check had not been carried out for a long time. The pharmacy manager gave assurances that this would be rectified. The responsible pharmacist record was held electronically, but the entries were not up to date. However, the Responsible Pharmacist rectified this during the inspection. On entry into the pharmacy, the correct responsible pharmacist notice was on display where people could see it. The maximum and minimum fridge temperatures were not recorded regularly. However, on testing the fridges, the temperatures were within the correct range. The private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately and stored appropriately.

The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use. The pharmacy had a shredder in place, and confidential wastepaper was destroyed appropriately. 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 had completed a safeguarding module as part of their training. They were all aware of the actions they should take if they had a safeguarding concern.

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.

Inspector's evidence

During the inspection, there was one pharmacist, one pharmacy student and one medicines counter assistant who was enrolled onto an accredited NVQ Level 2 dispensing course. The staff were seen to be supportive of one another and completing the daily tasks between themselves efficiently. The pharmacy student was observed to be following a appropriate process for dispensing prescriptions. The staff explained that they were coached on any professional updates by the pharmacist.

The team members explained that they all worked well together and were supportive of one another. There were no targets in place for the services and the team explained that they would never compromise their professional judgement for commercial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are bright and secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed to protect people's private information and to keep its medicines stock safe. People can have a private conversation with a team member in the consultation room.

Inspector's evidence

The pharmacy had recently relocated to larger premises. It had a bright modern appearance and customer areas were clean and tidy. New shelving had been introduced to allow for more storage space and an island had been installed in the middle of the dispensary to provide more checking space. The dispensary was spacious with clear work areas. There was a clear workflow with clearly defined areas for dispensing and accuracy checking. There was also a medicines counter which was always manned and a sound-proofed consultation room which could be locked when not in use and included seating, a computer and a sink. The consultation room provided a suitable professional environment for consultations to take place.

Dispensed prescriptions were stored so that people's details could not be viewed by other people. The dispensary was clean, and lighting was bright and suitable for the delivery of services. The pharmacy was well-ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy delivers its services in an effective manner, and people with a range of needs can access them. 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 stores medicines safely, and so makes sure that the medicines it supplies are fit for purpose. But more could be done to ensure sourcing of medicines was more efficient. 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

The pharmacy's external entrance had an automatic door and step-free access suitable for wheelchair users. The shop floor area was uncluttered and wide enough for wheelchair users to move around. The pharmacy had a prescription ordering service for a small number of people who needed help with managing their prescriptions. Services were advertised at the medicines counter for people to see. There was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack near the waiting area and in the consultation room.

The pharmacy provided the Pharmacy First service and staff had all been trained on the requirements of the service. The pharmacist explained that some people were unsure of the service specification and what conditions could or could not be treated under the service. When asked about the recent strengthened warnings for people who could become pregnant that were taking valproates and isotretinoin, team members were aware of the requirements for people in the at-risk group to be counselled on their use and for appropriate information to be provided to patients. The team members were aware of the requirement to ensure valproates were dispensed in their original packs and for the warning information to not be obscured. The pharmacy had a procedure for targeting and counselling everyone in the at-risk group taking sodium valproate or isotretinoin.

The pharmacy had a process for dealing with MHRA alerts and explained that they received the alerts electronically and then printed them out and annotated them to record any action they had taken. Medicines and medical equipment were obtained from licensed wholesalers. Invoices were seen to verify this. Stock was stored in an organised fashion. CD cabinets and a fridge was available for storing medicines for safe custody, or cold chain storage as required. However, a stock of GLP-1 agonists was held in the staff fridge which was not being temperature monitored. This was rectified during the inspection. The team completed date checking on a three-month rolling basis but they did not record which section had been date checked.

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

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and screens were suitably located and access to computers containing patient data was protected using individual password and password protected. Staff had their own NHS smart cards to access medication records.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines.

Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter. There were suitable pharmacy facilities for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

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.