

Registered pharmacy inspection report

Pharmacy Name: Westons Pharmacy/Express Chemist, 5-7 Coombe Terrace, Lewes Road, BRIGHTON, East Sussex, BN2 4AD

Pharmacy reference: 1036104

Type of pharmacy: Community

Date of inspection: 21/04/2021

Pharmacy context

This is a community pharmacy on a main road in Brighton, not far from a university and student accommodation. The pharmacy is open until later most evenings, and mainly does NHS dispensing. It also dispenses medicines into multi-compartment compliance packs for people who need help managing their medicines. The pharmacy offers the New Medicine Service (NMS) and provides an anticoagulant clinic once a week. The inspection took place during the Covid-19 pandemic.

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 manages the risks associated with its services appropriately. When a dispensing mistake happens, team members respond appropriately. And they make a record and share the learning in the team. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. And it generally protects people's personal information well. Staff have clear roles and responsibilities. And they know how to safeguard vulnerable people. The pharmacy takes appropriate steps to protect its staff and people using the pharmacy during the pandemic.

Inspector's evidence

A range of standard operating procedures (SOPs) was present in the pharmacy, and these were also available electronically on the pharmacy's computer system. Staff had generally read through and signed the ones relevant to their roles, except for the SOP covering data protection. The part-time manager said that this was an oversight, and staff had read the policy and he would get them to sign it. The SOPs were regularly reviewed by the pharmacy's head office, and updated versions were sent out as they were produced.

To help address the risks posed by the pandemic, the pharmacy had installed clear plastic screens on the counter. And staff said that only two people were allowed into the pharmacy at a time. People using the pharmacy were seen wearing masks, and staff were seen wearing personal protective equipment (PPE). A one-way system had been set up in the pharmacy to help limit people's contact with other people.

Dispensing mistakes which were identified before the medicine was handed out to a person (near misses) were recorded on the computer system. The Responsible Pharmacist (RP) was able to show previous examples of near misses that had been recorded. One example involved the wrong label being put on a pack of paracetamol. And the action taken had been to discuss this with all the team members to make them aware. Dispensing mistakes where the medicine had been handed to a person (dispensing errors) were also recorded on the computer system. A dispensing error had happened where the wrong form of a medicine had been supplied. As a result, the different forms had been separated on the shelves and stickers put on the shelves to highlight which they were. Dispensing errors were reviewed by staff at the pharmacy's head office. The part-time manager said that near misses were usually reviewed as well, but this had been affected by the pandemic. And he would start reviewing them more frequently in the future.

The dispenser working on the counter was clear about her own role and responsibilities. And the steps she should take if a person attempted to repeatedly purchase a medicine that could be misused. There was a sign to inform people how they could make a complaint or provide feedback to the pharmacy. But the sign was partially obscured, and the RP said that it would be relocated to make it easier for people to see. The pharmacy had a complaints procedure. People could also leave feedback on the pharmacy's mobile app. And prior to the pandemic the pharmacy had undertaken an annual patient survey. Staff were not aware of any complaints or feedback that they had received recently, apart from positive comments from people during the pandemic. The pharmacy's head office arranged the indemnity insurance, and it has provided evidence that the pharmacies in the company have current cover.

Private prescription records and emergency supply records seen were well maintained. The right records were made when an unlicensed medicine was supplied. Controlled drug (CD) registers examined complied with requirements, and the CD running balances were checked regularly. A check of a random CD balance showed the amount in stock matched the balance in the register. The right RP notice was displayed where people using the pharmacy could see it. And the RP record had been well maintained.

No confidential information could be seen from the public area. Confidential waste was separated into designated sacks for secure disposal. No confidential waste was found in the general waste bins. Staff used individual smartcards to access the NHS electronic systems. But the smartcard for one member of staff who was off work was in the computer. This was removed when highlighted, and one of the team members used their card instead.

The RP confirmed she had completed the level 2 safeguarding training. And she could explain what she would do if she had a concern about a vulnerable person. Staff had read through and signed the pharmacy's safeguarding policy. Contact details for local safeguarding agencies were easily accessible.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely, and they do the right training for their roles. They undertake ongoing training to help keep their skills and knowledge up to date. And they can take professional decisions to help keep people safe.

Inspector's evidence

At the time of inspection there was a trained dispenser who mainly worked on the counter. And in the dispensary, there was a trained dispenser, a trainee dispenser, and the RP (who was a locum pharmacist). The pharmacy had an anticoagulant clinic once a week and the clinic session started during the inspection. This service was managed by Boots and an external pharmacist ran the clinic. A room upstairs was used for the dispensing of multi-compartment compliance packs and working in this room were a trainee dispenser and a new member of staff who had started around a week ago. Another pharmacist was present upstairs supervising the dispensing and he worked as one of the part-time managers. Most of the dispensing of multi-compartment compliance packs had moved to the company's head office in Maidstone (the 'hub').

Staff completed ongoing training as part of their roles, and this included making themselves familiar with updated SOPs and completing training packages. The dispenser working on the counter showed records of ongoing training she had completed, and staff also had the opportunity to attend webinars which were provided by medicine manufacturers. Team members felt comfortable about raising any concerns or making suggestions, and the pharmacy's head office was easily contactable.

Staff had some targets in place, such as for the New Medicine Service, but they did not feel under any undue pressure to achieve them. The RP felt able to take professional decisions to help keep people using the pharmacy safe. The workload in the pharmacy was manageable, and staff were largely up to date with dispensing.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe for people to use and secure from unauthorised access. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean and tidy, and there was good lighting throughout. There was enough clear workspace in the dispensary to be able to dispense safely. And a large amount of workspace was available in an additional room on the ground floor next to the dispensary. Upstairs, the room was of adequate size and was generally tidy. There were some adjacent offices upstairs which were used for administrative work.

The pharmacy had a consultation room where people could have a private conversation. The room allowed people inside to have a conversation inside which would not be overheard, and it was also used for the anticoagulant service. The room was tidy, but parts of the paintwork had chipped or faded in places, and this detracted from its overall appearance. The pharmacy was secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively. And people with a range of needs can access them. The pharmacy gets its medicines from reputable sources and stores them appropriately. It takes the right action in response to safety recalls so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy had step-free access from the street via a push-button automatic door. There was enough clear space inside the shop area to help people with wheelchairs or pushchairs manoeuvre. A chair was available for people to wait for their prescriptions, and this was set on its own away from the counter to help with social distancing.

Baskets were used during the dispensing process to help keep people's medicines separate. And medicines in baskets awaiting checking were kept in an orderly manner. There were stickers to highlight when staff handing out the medicines should seek further information such as referring to the pharmacist, or when the medicine was a fridge line. The pharmacist showed an example of a medicine with a sticker saying to refer to the pharmacist. And this had been a medicine where the pharmacist had identified a possible medicine interaction. A prescription for a Schedule 4 CD was found dispensed on the shelf, and it had not been highlighted that a CD was inside. This could make it harder for the person handing it out to know if the prescription was still valid. The RP had identified this as a potential issue and said she was discussing with the team how they could highlight them in the future. Clear plastic bags were usually used for CDs requiring safe storage or for medicines requiring cold storage. To enable the pharmacist to make another check before the medicines were handed out.

Dispensed multi-compartment compliance packs prepared by the hub were labelled with a photo of the medicines inside, and patient information leaflets were included. An audit trail was kept showing who had checked the pack. Packs dispensed by the pharmacy had a description of the medicines inside, and an audit trail to show who had dispensed and checked them. Patient information leaflets were usually supplied with these packs, but not always. And the part-time manager said that they would be supplied in the future. This would help ensure that people had the information they needed to help take their medicines safely.

The RP and part-time manager were aware of the guidance about pregnancy prevention to be given to people taking valproate medicines who were in the at-risk group. The RP said that she counselled any people in the at-risk group if they came in for a valproate medicine. The part-time manager said that the pharmacy had undertaken an audit when the guidance was first issued. And the pharmacy had ensured that people had been supplied the relevant cards and leaflets. He said that for people receiving deliveries, a few people had been spoken with on the phone about the guidance. And he would check through again and make sure that everyone in the at-risk group was aware of the guidance. The packs of valproate seen in the pharmacy already had the information cards attached to them.

Pharmacy drivers took deliveries of medicines out to people in their own homes. Prior to the pandemic, a signature had been obtained from the recipients to confirm delivery. But to help control the spread of infection, drivers were keeping a record of which places they had been to and were signing the record

themselves.

The pharmacy obtained its medicines from licensed wholesale dealers and specials suppliers. Most medicines were stored in an orderly manner, but one or two areas on the shelves were a little untidy. The RP said that staff were currently going through and organising the shelves. CDs were stored securely. Liquids with a limited shelf life when opened were marked with the date of opening so that the staff knew if they were still suitable to use. Medicines requiring cold storage were stored in three fridges. The temperatures of the fridges were monitored and recorded daily, and the records seen were within the appropriate range. Medicine stock was regularly date checked, and this activity was recorded. One date-expired medicine was found on the shelf, and this was immediately removed for destruction. Medicines people had returned were separated from stock and put into designated bins and sacks for secure offsite disposal.

The pharmacy received drug alerts and recalls from head office. And the RP described how the staff went through the stock to see if they had any affected batches. She explained how this activity was recorded, but the records were in the consultation room which was being used for the anticoagulant clinic. And so were not accessible during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it generally maintains its equipment properly. It uses its equipment to help protect people's personal information.

Inspector's evidence

There was a range of clean calibrated glass measures the staff could use to measure medicines accurately. Separate measures were marked for use with specific liquids only. And a pump was also used for this purpose. The RP showed that the pump was calibrated and cleaned before each dispensing session. The tablet counting triangle had a little tablet dust on it, and the RP said that it would be cleaned.

The pharmacist running the anticoagulant clinic demonstrated how he calibrated the electronic testing meter weekly, before each clinic. And this was recorded each time. The phone was cordless and could be moved to a more private location to help protect people's personal information.

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.