

Registered pharmacy inspection report

Pharmacy Name: Gunn's Pharmacy, 108 Western Road, BRIGHTON,
East Sussex, BN1 2AA

Pharmacy reference: 1036154

Type of pharmacy: Community

Date of inspection: 07/09/2022

Pharmacy context

This is a community pharmacy on a busy main road in Brighton. It mainly dispenses NHS prescriptions, most of which it receives electronically. It supplies medication in multi-compartment compliance packs to some people who need additional help taking their medicines. And it delivers some medicines to people's homes.

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 adequately identifies and manages the risks associated with its services. Team members know how to protect the welfare of vulnerable people. And they generally protect people's personal information well. The pharmacy largely keeps the records it needs to, to help show that its medicines are supplied safely and legally. People using the pharmacy can provide feedback and raise concerns. Team members have written procedures they can refer to. But the procedures are not always reviewed regularly, which could mean that they do not reflect current best practice.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs), but they were stored in a disorganised manner in a folder. Some of the SOPs had no implementation date, and some had been implemented in 2017 with no evidence that they had been reviewed since then. Not having regular reviews of the SOPs could mean that they do not reflect current best practice. Most staff had read and signed the SOPs relating to their role. The superintendent pharmacist (SI) explained that he had obtained new SOPs and was planning to implement them.

There was a book for recording near misses, where a dispensing mistake was identified before the medicine was supplied to a person. The last entries in the book were from June 2022, and the SI felt it was very likely that there had been some near misses since then. The responsible pharmacist (RP) said that he had been making records of near misses in a book of his own, but this was not available during the inspection. The RP had noticed a recent pattern in near misses where the wrong quantity had been dispensed, and he had discussed this with the team. The SI showed how dispensing errors (where a dispensing mistake occurred and the medicine was handed to a person) were recorded using standardised forms. He was not aware of any recent dispensing errors. Medicines with similar names or which looked alike were separated on the shelves. For example, loprazolam had been moved to the multi-compartment compliance pack room upstairs to help prevent any mix-up with lorazepam.

The trained dispenser was clear about her own role and what she could and could not do if the pharmacist had not turned up in the morning. The pharmacy had current indemnity insurance.

Team members said that people generally provided feedback in person at the pharmacy, and there was an email available that people could write to. Details about how people could provide feedback or make complaints were in the pharmacy's practice leaflet. There was a complaints procedure which had been signed by some team members, but the procedure was dated 2016 with no evidence of a review.

The right RP notice was clearly displayed. The RP record was largely completed correctly, but the entry for the day of the inspection showed the wrong RP signed in. The RP thought that it updated the log automatically when the smartcard was inserted, and said he would discuss with the SI to ensure the record was accurate. The SI's smartcard was in a computer at the start of the inspection when the SI had not yet started work. This was removed during the inspection and the RP then used his own smartcard. Records seen about emergency supplies and private prescriptions dispensed contained the required information. Some records about unlicensed medicines dispensed did not contain all the required information. Controlled drug (CD) registers examined largely complied with requirements, but some pages had the headers missing.

No confidential information was visible from the public area. Confidential waste was separated and placed into designated bins. The pharmacy used a dispensing hub for dispensing original packs. The SI explained how the pharmacist did a clinical check of the prescription before it was sent to the hub, and an audit trail was kept to monitor where the prescription and medicines were. It was not clear how people provided consent for their prescriptions to be sent to the hub, and the SI said that he would check this. The SI was signposted to the GPhC guidance document about consent.

The RP confirmed he had completed the level 2 safeguarding training and could describe what he would do if he had any concerns. The pharmacy had a safeguarding SOP but it had not been updated for some time. Staff said that they would raise any safeguarding concerns with the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they generally do the right training for their roles. They feel comfortable about raising any concerns or making suggestions and are able to take professional decisions. Team members do some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

At the start of the inspection there was the RP, a trainee technician, a trainee pharmacist, a trainee dispenser, and a trained dispenser. The SI came into the pharmacy part-way through the inspection when the RP finished his shift. The pharmacy had a delivery driver, who had not yet started the accredited training for his role. The SI gave an assurance that the driver would be put on the relevant training course. The trainee pharmacist felt her training was going well and she was well supported in her role. The SI was her training supervisor, and she saw him each day. Staff were managing their workload well, and they were up to date with dispensing. The trained dispenser mainly worked on the counter, and said she would speak with the pharmacist if someone repeatedly requested a medicine that was liable to abuse.

Team members had fortnightly meetings, and the meetings included updates on any new products or services. A team member said that they sometimes had representatives from product manufacturers who provided training about new products. The trainee technician had done the Healthy Living Pharmacy training. Team members said that they were sometimes able to do training for their accredited courses at work during quieter times. The RP and SI felt able to take professional decisions. Team members felt comfortable about raising any concerns or making suggestions. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for its services, and they are kept secure. People can have a conversation with a team member in a private area. But the pharmacy could do more to keep its consultation room tidy and accessible.

Inspector's evidence

The pharmacy was generally clean and tidy, with an adequate amount of clear workspace. Lighting was good throughout. The pharmacy had air conditioning to help keep it at a suitable temperature. Storage space was limited, but there was just enough to store the pharmacy's paperwork.

The consultation room allowed a conversation to take place inside at a normal level of volume and not be overheard. But the room was cluttered with several large boxes inside. The RP explained that the boxes were the result of a backlog of deliveries from the needle exchange service, and they would be moved. Multi-compartment compliance packs were dispensed from a room upstairs, and the room was tidy. The premises could be secured from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it provides them safely. It obtains its medicines from reputable sources and largely stores them appropriately. It regularly date checks its stock to help ensure that people get medicines that are safe to use.

Inspector's evidence

The pharmacy had step-free access from the street, and there was a large amount of space in the retail area to help people with pushchairs or wheelchairs manoeuvre. Some staff spoke other languages, and the RP said that having team members who spoke Arabic was helpful for the local population. A list of services provided was in the pharmacy's practice leaflet, but the list was out of date.

Multi-compartment compliance packs were labelled with a description of the medicines inside, to help people and their carers identify the medication. Packs were initialled to show who had dispensed and checked them. The team documented any changes to people's medication and retained hospital discharge notes. People were assessed to see if the packs were suitable for them by the pharmacist at the surgery, or by their GP. Patient information leaflets were regularly supplied with the packs, so that people had the information they needed to help them take their medicines safely.

The RP described how the pharmacy used an electronic signature to track when prescriptions had been dispensed and the medicines collected. This could be done on a handheld device, and he showed how a label on a bag of dispensed medicines could be scanned to bring up the details of the medicines inside. The corresponding electronic prescription could be checked on the pharmacy's computer system. The RP said that any prescriptions for higher-risk medicines would be highlighted on the handheld device, but no examples were available to be seen during the inspection. The RP explained how he would ask people taking methotrexate about their blood test results, but did not make a record of them. This could make it harder for the pharmacy to know if people were having the relevant tests at regular intervals. Team members were aware of the guidance about pregnancy prevention for valproate-containing medicines, and the packs of these medicines had the warning cards attached. The SI did not think that the pharmacy had any people in the at-risk group.

An audit trail was maintained for deliveries of medicines to people's homes, to show which medicines had left the pharmacy. Due to the pandemic, the pharmacy was not obtaining signatures from recipients to help control the spread of infection.

Medicines were obtained from licensed wholesale dealers and specials suppliers, and were stored in an orderly manner in the dispensary. The SI described how the pharmacy had been affected by medicine shortages, and this had resulted in lots of phone calls to the local surgeries. Team members date-checked stock regularly and this activity was recorded. No date-expired medicines were found in stock on the shelves sampled. Bulk liquids were marked with the date of opening so that staff knew if they were still suitable to use. CDs were stored securely. There was a fridge for storing medicines requiring cold storage. But the battery for the thermometer was flat, and the last temperature record was from 20 June 2022. The temperature records only noted the current temperature, and not the range of temperatures. The battery was replaced during the inspection and the current temperature was seen to be within the appropriate range. The SI gave assurances that the minimum and maximum temperatures

would be recorded each day in future. Medicines people had returned for destruction were separated from regular stock and placed into designated bins.

The pharmacy received drug and safety alerts via email and made a record of the action that had been taken. But the last drug alert found was from May 2022. The SI said that he would go through the alerts issued since then and ensure that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment to provide its services. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had clean glass cylinders, with separate ones marked for use with certain liquids. The MethaMeasure machine was cleaned and calibrated daily, and records for this were available. Tablet counting triangles were clean, with a separate triangle marked for use with cytotoxics, to help avoid cross-contamination. The blood pressure had recently arrived in the pharmacy and was not being used yet. The phone was cordless and could be moved to a more private area 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.