

Registered pharmacy inspection report

Pharmacy Name: Osbon Pharmacy, 116-118 Cavendish Place,
EASTBOURNE, East Sussex, BN21 3TZ

Pharmacy reference: 1036171

Type of pharmacy: Community

Date of inspection: 22/05/2019

Pharmacy context

This Healthy Living Pharmacy (HLP) is located in a small parade of shops, a short walk away from the centre of Eastbourne. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons, NHS Healthchecks and a home delivery service. It also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines, and for some local care homes.

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	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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy generally logs the mistakes it makes during the dispensing process. The pharmacist reviews them with the team so that they can learn from them and avoid problems being repeated. The pharmacy has written instructions to tell staff how to complete tasks safely, but they are due a review. The pharmacy keeps most of the records it needs to by law. But it doesn't always record all of the details. The pharmacy generally manages and protects confidential information well, and it lets people know how their private information will be used. The team members understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, mostly dated August 2017, and the signature sheets were signed by all staff. The review dates were unclear as some were apparently due a review in December 2017, and some others in April 2018. There was no indication that these reviews had taken place and no indication of future review dates present. The complaints SOP still referred to the previous owner of the pharmacy as the Complaints Manager. The pharmacist agreed to review all of these documents and update them as necessary.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved and the action taken. Although the possible causes were recorded, there was little recorded evidence of reflection or learning. The dispenser explained how the pharmacist would discuss near misses and errors with the team as they occurred. As a result of this they had identified some items that were prone to error, such as paroxetine and pantoprazole, which they placed on a separate shelf specifically for 'Look Alike Sound Alike' medicines (LASAs).

Roles and responsibilities of staff were documented in the SOPs. Those questioned were able to clearly explain what they do, what they are responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see although the incorrect RP notice was on display when the inspector arrived. This was corrected as soon as it was pointed out.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed on a poster in the shop window for passers-by to see. According to the pharmacist, one area for improvement highlighted by the CPPQ was a lack of advice. As a result they now make a point of providing extra advice when handing out prescriptions. The pharmacy complaints procedure was set out in the SOP file and there was a prominent notice on the counter for patients to see. However there was no pharmacy practice leaflet available.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until June 2019 was on display at the counter for people to see. Private

prescription records were maintained on the Patient Medication Record (PMR) system and were mostly complete and correct. There were several examples where the prescriber had been incorrectly recorded as locum. The dates of prescribing and of dispensing were all correctly recorded.

The emergency supply records, again on the PMR system, were seen to be mostly correct and complete. Many of them referred to the 111 NUMSAS (National Urgent Medication and Advice Service), details of which were recorded on the Pharmoutcomes platform.

The controlled drug (CD) register was seen to be correctly maintained, with most running balances checked at irregular intervals. Some were checked monthly, others every two months and some not checked for several months. The pharmacist explained that the faster moving items were checked more frequently than the slower moving ones. The SOP did not refer to any balance check, so the pharmacist agreed to check them all on a regular basis and update the SOP to reflect this. Some pages did not have the headers completed in full, for example the brand Zomorph was missing from some pages. The pharmacist agreed to correct this as soon as possible. Running balances of MST Continus 10mg and 30mg tablets were checked and both found to be correct. Alterations made in the CD register were asterisked and a note made at the bottom of the page but they were not initialled and dated.

Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed “specials” were mostly complete but some were missing details of the prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. The driver’s delivery sheets included details of the number of items in each bag to help avoid any queries, and a copy was retained in the pharmacy while the driver was out on his round. Each bag had a separate signature slip attached in order to avoid potential breaches of confidentiality. These slips were returned to the pharmacy and retained for six weeks, again to help avoid any queries relating to deliveries. Completed prescriptions in the prescription retrieval system were under the counter and not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite at the end of the day. A privacy notice was prominently displayed on the counter.

There are safeguarding procedures in place and contact details of local referring agencies were seen to be held in the signposting file. The pharmacist had completed level 2 safeguarding training, and the rest of the team understand the signs to look out for. The dispenser explained that she had completed a module of safeguarding training as part of the NVQ3 technician course she was currently completing. The trainee dispenser had been trained in his previous job as a carer. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one medicines counter assistant (MCA), two dispensers (one currently completing NVQ3 technician training and the other completing NVQ2 dispensing assistant training) and the RP on duty during the inspection. The delivery driver arrived part way through the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other team members would increase their hours or the pharmacist could call upon the Saturday assistant to help where possible.

Paper training records were seen confirming that all staff had completed the required training, and ongoing training to keep up to date with either new products, legislative changes and quality payment requirements. Each member of staff receives regular emails from Avicenna (a pharmacy support organisation) with training modules for over-the-counter medicines. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases.

The dispenser or pharmacist were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. The pharmacist and dispenser both confirmed that they are comfortable with making decisions and do not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team meetings are only held when there is a specific issue to discuss although they do have a short team update every morning. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There are targets in place but they are applied reasonably and do not impact upon the professional judgement of the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe, secure and professional environment for people to receive its services.

Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with step-free access and an automatic entrance door. There was a large dispensary, providing plenty of space to work safely and effectively, and the layout was suitable for most of the activities undertaken. There was a clear workflow in the dispensary, although most of the workbenches were in use as the team was dispensing blister packs for one of the care homes they supply.

There was a glazed-in consultation area which was also used as an office. There was a PMR terminal in there which was switched on and had no password-protected screensaver. There was also a separate consultation room for confidential conversations, consultations and the provision of services. This room also had a PMR terminal on a laptop, which was secured to the desk but was not password-protected. Access to both was from behind counter and past the entrance to dispensary. There were low height swing-doors at the end of the counter to restrict entry, although at the time of the inspection these were open. The door to the consulting room was unlocked when the room was not in use, and excess dispensing stock was stored in there on open shelves. There were spare MDS blisters in a lockable cabinet. The pharmacist agreed to move the dispensing stock and set up password-protected screensavers on the two PMR terminals. There was a sink with hot and cold running water in the consulting room.

The dispensary sink had hot and cold running water, and handwash was available. The sinks and toilet areas were reasonably clean and well maintained but the sink and taps were out of order. The pharmacist explained that they had started leaking so they had been disconnected until the plumber arrived. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and generally manages medicines safely, and so makes sure that the medicines it supplies are safe for people to take. But sometimes it mixes up different batches of tablets in one box, which makes it difficult for team members to identify stock affected by drug recalls or safety alerts. The pharmacy takes steps to identify people supplied with high-risk medicines but it doesn't record all of the details. So it may be missing opportunities to help ensure that people take their medicines safely. The pharmacy doesn't currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

A list of pharmacy services was displayed in the shop window and on posters around the pharmacy area. There was also a range of health information leaflets in a display stand and some at the medicines counter. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter. They also offered NHS Healthchecks, although the uptake of this was low.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting LASAs on a separate shelf specifically for them. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. The PMR was updated to show when prescriptions had been bagged-up and then again when they were collected by the patient.

Owings tickets were in use when medicines could not be supplied in their entirety. Patients were referred back to their GP or another pharmacy if the pharmacy was unable to obtain their medicine. The PMR was updated to show when the owings had been collected.

Completed prescriptions for CDs were on a separate bench in the dispensary so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were not highlighted so the pharmacist agreed to find ways of reducing the risk that they may be handed out after the prescriptions had expired. Fridge lines in retrieval awaiting collection were highlighted so that staff would know that there were items to be collected from the fridge.

MDS trays were dispensed at the rear of the dispensary, facing away from distractions. There were separate folders for each care home, and individual files containing records of each persons' medication, when they were taken, any known allergies, any discharge information from the hospitals and contact details. Changes were recorded in the file and also on the patient's PMR. Medication times were checked against the charts provided by the care homes and any discrepancies were followed up before dispensing. Blisters were seen to include product descriptions on the backing sheet and patient information leaflets (PILs) were always supplied. There were also a number of blister packs ready for delivery to individual patients. These were also seen to have product descriptions and PILs.

Staff were aware of the risks involved in dispensing valproates to people who may become pregnant, and all such patients would be counselled and provided with leaflets and cards highlighting the

importance of having effective contraception. The valproate audit did not identify any patients in the at-risk group.

Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions were noted but the figures were not routinely recorded. Patients taking methotrexate and lithium were also asked about blood tests. There were yellow warfarin books, lithium record cards and methotrexate record cards available to offer patients who needed them.

The PGD for the seasonal influenza vaccination service expired at the end of the season in March 2019. Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance and OTC Direct. Unlicensed "specials" were obtained from Thame laboratories. The pharmacy had the scanners necessary to comply with the Falsified Medicines Directive (FMD) and they were waiting for their software to be registered before starting to decommission products.

Routine date checks were seen to be in place, and record sheets were seen to have been completed. Some of the opened bottles of liquid medicine were annotated with the date of opening, but there was a bottle of pholcodine linctus, and a bottle of paracetamol suspension that had no date recorded. There were no plain cartons of stock seen on the shelves, but some boxes were found to contain mixed batches. A box of perindopril 4mg tablets was found to contain stock from another manufacturer, another box was found to contain strips of tablets with different batch numbers and expiry dates. There was also a box of quetiapine tablets containing tablets from different manufacturers.

Fridge temperatures were recorded daily and all seen to be within the 2°C to 8°C range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines were screened to ensure that any CDs are appropriately recorded, and that there were no sharps present. There was no list of hazardous medicines and no purple-lidded hazardous waste container present. Patients with sharps were signposted to the local council for disposal. DOOP containers for the safe disposal of CDs were not seen but an order for new ones had been placed the day before the inspection.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The team knows what to do if they receive damaged or faulty stock and they explained how they would return them to the wholesalers.

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 properly maintained. The pharmacy generally keeps most people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The blood pressure meter was replaced every two years, and the current one was less than a year old. The scales were relatively new and more sophisticated, so the pharmacist was going to check the servicing schedule with the manufacturer. The cholesterol meter was calibrated every month with a test solution provided by a specialist laboratory.

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 visible 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.