

Registered pharmacy inspection report

Pharmacy Name: Newman Pharmacy, 82 Seaside, EASTBOURNE, East Sussex, BN22 7QP

Pharmacy reference: 1036189

Type of pharmacy: Community

Date of inspection: 17/06/2019

Pharmacy context

This Healthy Living Pharmacy (HLP2) is in a parade of shops serving a residential area of Eastbourne. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers sexual health, smoking cessation and substance misuse services, as well as flu vaccinations in the autumn and winter seasons. It also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines.

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	1.8	Good practice	The pharmacist has domestic abuse support cards to offer vulnerable people and some posters to highlight the subject. She was able to describe instances where they had been handed out to vulnerable people. She has also suggested similar prompt cards to the substance misuse team that could be put in bags with all codeine containing products as a discreet way of drawing attention to the risks of addiction. The pharmacy has a whiteboard to track failed deliveries and uses it to ensure that vulnerable people are contacted if they repeatedly fail to answer the door.
2. Staff	Standards met	2.2	Good practice	Most members of the team are fully trained and experienced, and newer members of the team are fully supported while undergoing training. Planned learning and development is actively encouraged and relevant and useful learning and development is available for staff to access. Records show that staff complete regular ongoing training, relevant to their roles, to help keep their skills and knowledge up to date.
		2.3	Good practice	The pharmacy team can give examples of interventions that have had positive outcomes for patients. They record them as part of their HLP campaigns.
		2.4	Good practice	Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do. There is evidence that individuals have identified and addressed their learning and development needs.
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 risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It reviews those logs on a regular basis, learns from them and takes action to avoid problems being repeated. The pharmacy generally keeps the records that it needs to by law, but it has missed some of the details. This could make it more difficult for the team to resolve any queries which may arise in the future. The pharmacy has up-to-date written instructions which tell staff how to complete tasks safely. The pharmacy manages and protects confidential information well, and team members also 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, last reviewed January 2018, signed by all staff, and due for next review in 2020. They were all available online on 'Pharmapod' and updates were printed and filed. Errors and near misses were regularly recorded online, also using 'Pharmapod', showing what had been learned and what had been done. Individual team members made their own entries and a monthly report produced and discussed with the team to identify any patterns or reasons. These reports were also collated by Head Office to identify any patterns across the company. A recent example being the use of stickers on-shelf to highlight "Look Alike Sound Alike" (LASA) drugs to help avoid picking errors. They used the nationally recognised LASAs and had also highlighted some items on their own initiative, such as bisoprolol tablets. They had also moved as selection of the LASAs to a separate shelf near the checking area.

Roles and responsibilities of staff were documented in the SOPs, and also in each individual staff members job description. Those questioned were able to clearly explain what they do, what they were 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 and the RP log on the computer was complete.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed in a notice by the counter for people to see. The complaints procedure was also on display for people to see. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until March 2020 was on display behind the medicines counter.

Private prescription records were maintained on the PMR and many were found to be missing the necessary prescriber details. Emergency supplies were made occasionally, mainly for holidaymakers, in which case the pharmacist checked the NHS Summary Care Record (SCR) before making the supply. The reason for supply was appropriately recorded.

The controlled drug (CD) registers were seen to be correctly maintained, and each register had a signature sheet at the front for the monthly balance checks. The pharmacist explained that stock balances were checked monthly in accordance with the SOP, and that two members of staff checked and signed them under her supervision. Running balances of two randomly selected products were

checked and both found to be correct. No alterations were seen. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. All of the records of unlicensed “specials” were found to be complete and correct.

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 recorded the patient details on one side and had signature boxes on the reverse which ensured that patients could not see other people’s details when signing for receipt of their delivery. There was a separate record book for CD deliveries and each page was cut so that an individual patient could sign against their own name without seeing anybody else’s. In the event of a failed delivery, the driver would leave a card, and any items that could not be delivered were returned to the pharmacy. The driver would then record the patient details on a whiteboard in the pharmacy, indicating whether he had left a card or whether he had been unable to access the building. The whiteboard made it much easier for the pharmacist to keep track of failed deliveries and she would also use it to highlight whether patients were in hospital. Where appropriate the patient would be contacted to arrange a new delivery time. Completed prescriptions in the prescription retrieval system were sited so that no sensitive information was visible to people waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite as required, usually at the end of the day.

There were safeguarding procedures in place and contact details of local referring agencies were seen to be held on file. The pharmacist Pre-Reg and ACT had all completed CPPE Level 2 safeguarding training, and other staff had undergone safeguarding training provided online by Numark. Staff were able to describe some of the warning signs to look out for. The pharmacist described how she had attended a safeguarding workshop and had obtained some domestic abuse support cards to offer people and some posters to highlight the issue. She had suggested similar prompt cards to the substance misuse team that could be put in bags with all codeine containing products as a discreet way of drawing attention to the risks of addiction. The suggestion was apparently well received. 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 about their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate. And they respond well when things go wrong to make their services safer.

Inspector's evidence

There was one medicines counter assistant (MCA), two dispensers, one Pre-Registration pharmacy graduate and the RP on duty during 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 cover each other if possible or seek help from other local branches if very short staffed.

Certificates were seen confirming that all staff had completed the required training, and ongoing training was completed online. Each member of staff had their own login to the Numark training site to help them keep up to date with new products, legislative changes and quality payment requirements. Training modules were tailored to meet their individual needs and preferences. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases.

There were two health champions who manage the health campaigns. Interventions were recorded by counter staff, including conversations, leaflets handed out etc and then entered on pharmapod. Staff described how this made them appreciate how often people had queries and how many people they had helped.

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 were comfortable with making decisions and did not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There were targets in place but in general they were applied reasonably and did not impact upon the pharmacist's professional judgement. She also explained that they have been provided with extra locum pharmacist cover on some occasions to help with services such as Medicines Use Reviews (MURs).

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy 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 a single manual door. There was a doorbell for people to use if they needed assistance with the door or if they had a dog with them and couldn't come in. The dispensary was a reasonable size, with an island workstation in the middle as well as workbenches along three sides. There was sufficient space to work safely and effectively and the layout was suitable for the activities undertaken.

There was a separate consultation room for confidential conversations, consultations and the provision of services. This room was unlocked when not in use, but the laptop was secured and logged out. There was no confidential information on display. 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 clean and well maintained. Room temperatures were appropriately maintained by air-conditioning units to keep 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 manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. Team members take steps to identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. But they don't always record this, so they may be missing opportunities to follow up these checks. The pharmacy responds well to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe.

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 posters and leaflets in the healthy living display near the waiting area. The displays were themed according to the current health campaign and created by the two Health Champions. The pharmacy provided a range of services including smoking cessation, substance misuse and seasonal flu vaccinations during the autumn and winter. The PGD for the Emergency Hormonal Contraception (EHC) service was seen to be valid and in date. They also offer free blood pressure checks and participate in the 'know your numbers' campaigns.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting LASAs on shelf. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. Owings tickets were in use when medicines could not be supplied in their entirety. If an item was likely to be unavailable for some time, the pharmacy staff would do their best to obtain the stock from other local branches, or the pharmacist would contact the GP to arrange an alternative. If people were happy to wait then the prescription was kept on a separate clip for long-term out of stocks.

Completed prescriptions for CDs were annotated so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were also highlighted but the Pharmacist explained that they received a report every week from head office to show any prescriptions approaching their expiry. The prescription retrieval shelves were cleared every month and any prescriptions over three months old were removed and the prescriptions kept on a clip until they expired. A note was made on PMR system in case the patient came back afterwards to collect their prescription. Prescriptions in the retrieval system were organised so that any older prescriptions for an individual patient were kept together with the latest one(s) to minimize the risk of anything being left behind when the patient called in to collect them.

For those patients receiving their medication in blister packs, there were individual files containing records of each person's medication, when they were to be taken and any known allergies. Hospital discharge information was received online via PharmOutcomes. Changes were recorded in the file and any discrepancies were followed up before dispensing. Blister packs were seen to include product descriptions and patient information leaflets (PILs) were always supplied.

Staff were aware of the risks involved in dispensing valproates to people who may become pregnant, and all such people would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The leaflets and cards were seen to be stored together

with the valproate products themselves. The valproate audit did identify 4 or 5 patients in the at-risk group, all of whom were counselled appropriately.

Patients on warfarin were asked if they knew their current dosage, whether they had their yellow book and whether their INR levels had been recently checked. These interventions were not routinely recorded as patients didn't always have their book or their numbers with them. The INRs were recorded on the PMR system when they were checked as part of an MUR. Patients taking methotrexate and lithium were also asked about blood tests and the pharmacy held spare record cards and books in stock.

The substance misuse service was just in the process of changing over to a new provider. The pharmacist described how she would call the substance misuse team if a client missed collecting their medication on two consecutive days. This enabled the key worker to contact the client before they missed a third day.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance and Sangers. Unlicensed "specials" were obtained from Quantum Specials. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD), and they were decommissioning products whenever they could.

Routine date checks were seen to be in place, and record sheets were seen to have been completed. There was a book for noting products approaching 12 months of expiry and coloured dots were applied to products within two months of their expiry date. The date when they were removed from stock was also recorded. There were separate sheets and notebook for date-checking the over-the-counter products.

The majority of opened bottles of liquid medicines were annotated with the date of opening. There were no plain cartons of stock seen on the shelves, and no boxes of tablets or capsules were found to contain mixed batches. Fridge temperatures were recorded daily and all seen to be within the correct temperature 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 were appropriately recorded, and that there were no sharps present. People with sharps for disposal were signposted to the local council. There was a purple-lidded bin for hazardous waste and a separate list of hazardous medicines was in the pharmacy but could not be found during the inspection. DOOP containers for the safe disposal of CDs were also seen.

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 knew what to do if they received 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 keeps people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including 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 BP monitor is replaced every two years and empty box was dated. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were 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.