

# Registered pharmacy inspection report

**Pharmacy Name:** Osbon Pharmacy, 105 Church Road, HOVE, East Sussex, BN3 2AF

**Pharmacy reference:** 1036209

**Type of pharmacy:** Community

**Date of inspection:** 30/12/2019

## Pharmacy context

This is a community pharmacy on a main road in Hove, and it is on a main bus route in the city. It mainly dispenses NHS prescriptions and offers other services such as substance misuse services and seasonal flu vaccinations. It supplies medicines in multi-compartment compliance packs to some people to help them manage their medicines. And it offers a delivery service to a few people in their own 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 are clear about their own role and responsibilities. And they know how to protect vulnerable people. The pharmacy generally protects people's personal information well. It records mistakes that happen during the dispensing process so that team members have an opportunity to learn and make the pharmacy's services safer. It largely makes the records it needs to, to show that medicines are supplied safely and legally. It asks people who use the pharmacy for their feedback.

### Inspector's evidence

Dispensing mistakes where the error was identified before the medicine was handed to a person (near misses) were recorded on an ongoing basis. Team members said that the manager reviewed them regularly, but the manager was not present during the inspection. And no documentary evidence of the reviews was found. The trainee dispenser showed how they had put stickers on some shelves such as where azathioprine and azithromycin were stored, to help avoid picking errors. When dispensing errors were made and the medicine was supplied, a designated form was available to record them. Not all staff were clear how to use the form, but they were not aware of any recent errors.

Standard operating procedures (SOPs) were available but it took a little time to find them. Staff had been through and signed most of the SOPs relevant to their role, but a small number had not been signed. For example, the trainee medicines counter assistant (MCA) had not yet been through and signed the safeguarding SOP but said that she would do this. Other team members present confirmed that they had read through the SOPs relevant to them. Some of the SOPs were missing the implementation and review dates, which made it harder to know if they were still current.

Baskets were used during the dispensing process to isolate individual people's medicines, and there was a clear workflow through the dispensary. The trainee MCA was clear about her own role and responsibilities. She could describe what she could and couldn't do if the pharmacist had not turned up.

The pharmacy undertook an annual patient survey. The results from the last one were on the NHS website, and they were very positive overall. The pharmacy was in the process of doing the current year's survey. Team members knew about the complaint procedure, and there was a suggestion box on the counter. They were not aware of any recent complaints.

The pharmacy had a current indemnity insurance certificate. The right responsible pharmacist (RP) notice was displayed. The RP log had largely been completed correctly but there were occasional gaps where the RP had not signed out. Private prescription and emergency supply records seen complied with requirements. Controlled drug (CD) registers seen had been completed correctly, but the records of CD running balance checks were sometimes in the main body of the page and sometimes in the right-hand column. This made it a little confusing to confirm when the last balance check was. However, the CD balance checks were done regularly. The right information had been recorded for supplies of unlicensed medicines.

People using the pharmacy couldn't see other people's personal information. A shredder was used to

dispose of confidential waste. Team members had been through the confidentiality SOP, and with one exception, the safeguarding SOP. The regular pharmacist was not present, but his NHS smartcard was in the computer; the card was removed and replaced when this was highlighted. The pharmacist present confirmed she had completed the level 2 safeguarding course and could explain what she would do if she had any concerns. The trainee dispenser had completed the level 1 course. Team members said that they would refer any safeguarding concerns to the pharmacist. Contact details of local safeguarding agencies were available in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for its workload, and they do the right training for their role. They are comfortable about raising concerns or making suggestions to help improve the pharmacy's services. They get some ongoing training to help keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection there was one pharmacist (regular locum), one trainee dispenser, and a trainee medicines counter assistant (MCA). The pharmacy also employed a dispenser (who was also the store manager), another locum pharmacist, a regular pharmacist, and a trained MCA. The pharmacy had been busy in the run-up to Christmas, but the team members were now up-to-date with their workload.

Team members did some ongoing training, such as learning about new products or doing online courses. A recent course had covered children's oral health. The training done was not always recorded. Team members said that they were not given any specific time set aside to complete it but were able to do training in quieter periods during the day. The trainee MCA was able to describe her questioning technique when people wanted to buy over-the-counter medicines. She explained what she would do if a person asked to purchase more than one pack at a time. The pharmacist felt able to take any professional decisions.

There was a small team in the pharmacy. Staff did not have regular meetings but said that they discussed anything that came up. They felt comfortable about raising any concerns or making suggestions. They did not have any formal targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and they are kept secure from unauthorised access. People can have a conversation with a team member in a private area.

### Inspector's evidence

The public-facing areas of the pharmacy had been fitted out to a high standard and had a professional appearance. The dispensary was tidy and there was enough clear work space to dispense safely. There was a set of stairs to the rear of the dispensary which were no longer used as stairs but were instead used to store miscellaneous items. The stairs were cluttered and needed tidying, but the tripping hazards were reduced as the stairs were not in regular use.

The room temperature in the pharmacy was suitable for the storage of medicines and was maintained with air conditioning. Staff had access to handwashing facilities with running hot and cold water.

The consultation room was clean and tidy. It allowed a conversation to take place inside which would not be overheard. The public seating area was away from the counter, which helped protect people's personal information when they spoke to a member of counter staff. The premises were secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and manages them well. Team members take the right action in response to safety alerts, so that people get medicines and devices that are safe to use. The pharmacy obtains its medicines from reputable sources and stores them properly. But it does not always supply patient information leaflets with multi-compartment compliance packs. And this could mean that people do not always have all the information they need to take their medicines safely.

### Inspector's evidence

There were small steps at the front of the pharmacy, and a handrail to assist people climbing them. A doorbell was available to attract attention, and staff said that they went out to assist people as needed. There was a small range of leaflets on health information and local healthcare services. The pharmacy had a sufficient amount of space to help people with wheelchairs or pushchairs manoeuvre.

Team members explained how they highlighted prescriptions for higher-risk medicines so that there was an opportunity to speak with people when they collected these medicines. A dispensed prescription found for warfarin was found, which had been highlighted. But a dispensed prescription found for methotrexate had not been highlighted. Prescriptions for CDs were highlighted to help the team member handing it out to know if the prescription was still valid. Team members were aware of the guidance around pregnancy prevention to be given to some people taking valproate. The pharmacist was not aware of any people the pharmacy had in the at-risk group, but only worked at the pharmacy one day a week. Additional information literature for valproate such as leaflets was found, but the cards and the stickers were not. The pharmacist said that she would check with the regular pharmacist and order more literature in if needed.

Dispensed multi-compartment compliance packs examined had been labelled with a description of the medicines inside and an audit trail to indicate who had dispensed and checked the pack. Patient information leaflets were not routinely supplied with the packs, but the trainee dispenser said that this would be done in the future. People were assessed for the compliance pack service by their GP, who then made a request to the pharmacy. Any changes in medicines or doses were seen to be recorded on the individual patient's electronic record.

An audit trail was maintained for when CDs were delivered to people's homes, with people signing to indicate safe receipt. An audit trail was not generally used for non-CD deliveries, which could make it harder for the pharmacy to show that the medicines had been safely delivered. The pharmacist said that she would discuss this with the regular pharmacist when she saw him.

The pharmacy had the equipment to comply with the Falsified Medicines Directive (FMD), but team members were not routinely using it. A random medicine was scanned, and the details of it did come up on the computer. The pharmacist said that she would discuss the use of the FMD equipment with the regular pharmacist.

Medicines were obtained from licensed wholesale dealers and specials suppliers and were stored in an orderly manner in the dispensary. Records of date checking were available, but they were not recent. Staff said that they would ensure the records were kept up to date. There were no date-expired

medicines found on the shelves examined. Bulk liquids had been marked with the date of opening to help staff know if they were still suitable to use. Medicines for destruction had been separated from stock and placed into designated bins and sacks.

Medicines requiring cold storage were kept in a suitable fridge and the temperatures were monitored daily. Records examined showed that the fridge temperature had stayed within the appropriate range. CDs were stored securely.

Drug alerts and recalls were received by the pharmacy and dealt with as they came in. A record was maintained of the action that had been taken in response, and the pharmacist showed a recall they had received for ranitidine.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services. It uses its equipment to help protect people's personal information.

### Inspector's evidence

A range of calibrated glass measures was available. Separate ones were marked for use with certain liquids, which helped avoid any cross-contamination. Staff had access to up-to-date reference sources including the internet. An anaphylaxis kit for use with vaccinations was not found, but the regular pharmacist who provided the service was not present. The RP said that she would check this with the regular pharmacist. Empty bottles were capped to help prevent possible contamination.

The fax machine was away from the view of people using the pharmacy. The phone could be moved somewhere more private 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.