General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Traherne Pharmacy, 13 Hove Park Villas, HOVE, East Sussex, BN3 6HP

Pharmacy reference: 1036216

Type of pharmacy: Community

Date of inspection: 30/01/2023

Pharmacy context

This is a community pharmacy in a mainly residential area, near to a railway station. It mainly dispenses NHS prescriptions and offers a delivery service to care homes and people in their own homes. It dispenses some medicines in multi-compartment compliance packs. And it offers the New Medicines Service.

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

The pharmacy adequately identifies and manages the risks associated with its services. It records and reviews dispensing mistakes to help team members learn and make the pharmacy's services safer. It largely keeps the records it needs to by law. Team members know how to protect the welfare of vulnerable people. And the pharmacy protects people's personal information. Team members work to written procedures. But these procedures are overdue for review, which could mean that they are less likely to reflect current best practice.

Inspector's evidence

There was a range of standard operating procedures (SOPs). Staff had signed to indicate that they had read and understood the ones relevant to their roles. The SOPs were around seven months overdue for review, and a team member said that they would raise this with the superintendent pharmacist (SI).

The pharmacy recorded dispensing mistakes which were identified before the medicines were handed out (near misses). These were recorded on a sheet in the dispensary. The trainee pharmacist described how she reviewed the near misses each month for any patterns or trends and to identify any actions that could be taken to prevent future mistakes. As a result of previous near misses, she explained how changes had been made such as ticking each bit of information on a label when it was checked. She said that the reviews were documented, but these documents were not available at the pharmacy on the inspection. The responsible pharmacist (RP) described how she would record dispensing mistakes where the medicine had been handed out (dispensing errors) on the national reporting system.

Team members could clearly explain what they could and could not do if the RP had not turned up in the morning or needed to be absent for a period during the day. There was a sign in the public area explaining to people how they could make a complaint or provide feedback. Team members were not aware of a formal complaints procedure but could describe how they would handle a complaint.

The pharmacy had current indemnity insurance and the right RP notice was clearly displayed. The RP records seen complied with requirement. Most private prescription records examined had been filled in correctly, but some did not have the details of the prescriber. Records of supplies of prescription-only medicines made in an emergency largely complied with requirements. Controlled drug (CD) registers were kept electronically and running balances were kept. A check of a CD selected at random showed that the physical stock matched the recorded balance. The pharmacy kept details of unlicensed medicines dispensed, and the records seen contained the required information.

No confidential information was visible from the public area. Confidential waste was appropriately separated and the destroyed with shredders. Team members had individual smartcards to access the NHS electronic systems. Computer terminals were password protected, and details on the screens could not be seen by people in the public area.

Team members had completed safeguarding training, and there were certificates to demonstrate this. The RP was able to describe what she would do if she had a safeguarding concern. And she gave an example of a concern she had discussed with a person's GP previously.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services, and they do the right training for their roles. They do some ongoing training to help keep their knowledge and skills up to date. They are comfortable about making suggestions or raising any concerns, and they have regular meetings. The pharmacy's targets do not adversely affect people's care.

Inspector's evidence

At the time of the inspection there was the RP (regular locum pharmacist), four trained dispensers, and the trainee pharmacist. One of the dispensers managed the multi-compartment compliance pack service in the basement, and another had recently been given the role of managing the dispensary and shop area. Team members were enthusiastic and were able to describe their roles clearly. They could explain what they would do if people came in to request medicines which were liable to abuse. And they were aware of the restrictions about purchasing medicines containing pseudoephedrine. Team members were observed referring queries to the RP as appropriate, and the team was up to date with its workload.

Team members were comfortable about making suggestions or raising any concerns. They said that the SI often worked at the pharmacy and was easily contactable. Staff had meetings towards the start of each week where they discussed any issues or tasks that needed to be done. And had another meeting at the end of the week. Staff said that this later meeting was to check whether the tasks had been done, to see if they would improve in any way, and to give them a chance to put their ideas forward. The pharmacy had just started keeping notes for the twice-weekly meetings. Staff used a checklist for daily tasks to make sure that they were done. This had only recently started and team members were finding it useful. There were some targets for the New Medicine Service, but staff felt that they were achievable and did not have any negative impact on people's care. The RP felt able to take professional decisions. Team members did ongoing training as and when topics came up and described having recently completed training about antibiotics.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are suitable for its services, and they are clean and secure. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had a large shop area and a smaller dispensary. There was a basement which was used for the preparation of multi-compartment compliance packs. The premises were clean and generally tidy, with good lighting throughout. There were some baskets of dispensed medicines on the dispensary workbench. These were tidy and organised, and there was enough free space to dispense safely. There was a small consultation room which people could use if they wanted a private conversation. The room was clean and tidy, and allowed a conversation to take place inside at a normal level of volume and not be overheard. The premises were kept secure from unauthorised access when closed.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its stock from reputable suppliers and generally manages them safely. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy from outside, through a manual door. The pharmacy computers could generate large-print labels. Team members said that some people were still shielding and preferred not to come into the pharmacy, so they went outside to assist them. Most team members were multi-lingual and described instances where they had helped people who did not have English as their first language. A range of leaflets was available in the consultation room.

Baskets were used during the dispensing process to help prevent different people's medicines becoming mixed up. There was a clear workflow through the dispensary. Dispensed prescriptions for Schedule 3 and 4 CDs were highlighted, so that team members handing them out were made aware of the shorter prescription expiry date. The trainee pharmacist explained how prescriptions for higher-risk medicines (such as methotrexate or warfarin) were highlighted. There were no prescriptions for higher-risk medicines awaiting collection. The trainee pharmacist was able to explain in detail what counselling information she would give to a person who collected methotrexate. The trainee pharmacist and dispensary manager described an audit they had recently undertaken to identify people who may benefit from healthy living advice and said that this had gone well.

Team members knew about the guidance about pregnancy prevention for people in the at-risk group who took medicines containing valproate. Manufacturer's packs of these medicines had the warning cards attached, and the pharmacy had spare stickers and cards for use with split packs. The pharmacy did not currently have any people in the at-risk group who were taking these medicines.

The pharmacy delivered medicines to a few people in their own homes and kept an audit trail to show when medicines had been delivered. If a person had a CD delivered, they signed a separate sheet to confirm safe receipt, and this was retained in the pharmacy.

Multi-compartment compliance packs were dispensed in the large basement for people in their own homes or in care homes. Packs seen were labelled with a description of the medicines inside, and an audit trail to show who had dispensed and checked them. Patient information leaflets were regularly supplied. Team members kept a record for each person to show if there had been any changes to their medication or if they had been admitted to hospital.

The pharmacy ordered its medicines from licensed wholesale dealers and specials suppliers and kept them in an orderly way on the shelves. Date-checking of stock was done regularly, and this was recorded. A random check of stock on the shelves found no date-expired medicines. Short-dated medicines were highlighted with stickers. Bulk liquids were marked with the date of opening to help team members know if they were still suitable to use. One box of medicines found in stock contained mixed brands, and two bottles were not labelled with the batch number or expiry date. This could make

date checks and dealing with medicine recalls less effective. The box was removed for destruction during the inspection. Medicines people had returned were appropriately separated from stock and placed into designated destruction bins. The pharmacy fridge temperatures were monitored and recorded daily and records seen were within the appropriate range for the storage of medicines. CDs were stored securely.

The pharmacy received drug alerts and recalls via email, and team members described the action they took in response. A record of the action taken was kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy largely has the equipment and facilities it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

There was a range of clean glass calibrated measures, with separate ones marked for use with certain liquids. The smallest cylinder had broken a few days ago, and the team said that a new one was being ordered in. A team member explained that the pharmacy had stopped onsite flu vaccinations, and the pharmacist now did vaccinations in care homes and took an anaphylaxis kit with them. There was a cordless phone, so it was able to be moved somewhere more private to protect people's personal information. Shredders were available to dispose of confidential waste.

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.