

Registered pharmacy inspection report

Pharmacy Name: Wyborns Chemist, 35 Lansdown Place, LEWES, East Sussex, BN7 2JU

Pharmacy reference: 1036242

Type of pharmacy: Community

Date of inspection: 06/11/2019

Pharmacy context

This Pharmacy is located a short walk from Lewes town centre, close to the railway station. 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, home deliveries for those who cannot get to the pharmacy themselves. It supplies some medicines in multicompartment compliance aids 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	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 provides its services in a safe and effective manner. Its team members log the mistakes they make and learn from them to avoid problems being repeated. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage most risks appropriately. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy keeps all of the records it needs to, and it has appropriate insurance to protect people if things go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, originally dated August 2009 and regularly updated, with the next review due in October 2020. There were signature sheets with each individual SOP which had been signed by all staff to indicate that they had read and understood them. The pharmacy also had a business continuity plan in place to maintain its services in the event of a power failure or other major problem. This was easily accessible to all members of staff.

Errors and near misses were recorded on the PMR system, showing what the error was, the members of staff involved, and the action taken. The possible causes were recorded and there was evidence of reflection and learning, although they weren't regularly reviewing them. This was discussed and the responsible pharmacist (RP) explained that they had only recently started recording them on the PMR system, and that he would be reviewing them in due course. They were also sent to the NPA in order to produce the patient safety report. They had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines amitriptyline and amlodipine which had subsequently been separated on the shelves. There were a few stickers on the shelves highlighting those and other items prone to errors.

Each individual SOP also referred to those who had the delegated authority to carry out specific tasks, and 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 held on the patient medication record (PMR) computer system was mostly complete with only the odd occasion where the RP hadn't signed out when their responsibilities ceased for the day.

Results of the 2017-18 Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and the results were positive overall. Areas for improvement included a need for more healthy eating advice, and as a result of this feedback the pharmacy had raised awareness among its staff. The pharmacy complaints procedure was set out in the SOP file and in the pharmacy practice leaflet for people to take away.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until December 2019 was on display in the dispensary. Private prescription records were maintained in a designated book and were complete with all details correctly recorded. Dates of prescribing and of dispensing were all correctly recorded. There were very few emergency supplies, and the records were completed on the PMR system with valid reasons recorded.

The CD register was seen to be correctly maintained, with running balances checked at approximately quarterly intervals. All pages had their headers completed in full, although some of the wholesaler's addresses were missing. This was discussed with the RP who, upon reflection, agreed that he would ensure that the wholesaler's address or postcode would be included in future entries. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, although it was not clear who had made the alteration. This was discussed with the RP who, upon reflection, agreed that he would ensure that future alterations were annotated with name and registration number of the person making the alteration. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were all complete with required patient and prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They had all signed confidentiality agreements and were able to provide examples of how they protect patient confidentiality, for example by not discussing personal information before confirming the identity of the person involved. Completed prescriptions in the prescription retrieval system were arranged so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and shredded onsite. A data use poster from the NHS was on display.

There were safeguarding procedures in place and contact details of local referring agencies were seen in the risk management folder for all staff to access. The pharmacist had completed level 2 safeguarding training, and most of the team had been trained so that they could recognise potential safeguarding risks. Some staff were dementia friends and those who had recently joined would be registering shortly.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely, and they work well together as a team. 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 dispensing assistant (who was currently undertaking technician training), and the RP on duty during the inspection. This appeared to be appropriate for the workload and both working well together. In the event of staff shortages, staff could move between the owner's two pharmacies to provide the necessary cover.

There were certificates on display for people to see staff qualifications. All had undertaken the required accredited training. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All staff were seen to serve customers when the medicines counter assistant (MCA) was busy, and all asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets. They appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. Team members make regular use of their private consultation room for some of the pharmacy's services and for sensitive conversations

Inspector's evidence

The pharmacy premises were traditional in appearance, being in a conservation area which limited what the owner could do with the exterior of the building. They were clean, tidy and generally in a good state of repair with step-free access via a single door to the street. There was a small dispensary, providing sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary, although at the time of the inspection all available workspace was taken up with baskets of assembled prescriptions awaiting checking and bagging. The RP explained that they had fallen behind with the workload owing to the disruption caused by the annual bonfire events in town the previous day. The dispensary sink had hot and cold running water, and there was handwash available.

There was a small consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was kept closed but not locked when not in use, but it could only be accessed by stepping past staff at the medicines counter. There were closed cupboards for paperwork and no confidential information was visible, although most of the available work surfaces were cluttered with paperwork.

There was a large basement which was used for assembling multicompartiment compliance aids and as a stockroom. Staff toilet facilities were clean, and room temperatures were appropriately maintained by heaters or fans as appropriate, 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 manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. It responds satisfactorily to drug alerts or product recalls so that people only get medicines or devices which are safe. Team members identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. They keep appropriate records of most of those checks, and of the pharmacy's other services. This enables them to show what they have done if a query should arise in future.

Inspector's evidence

A list of pharmacy services was displayed in the shop window and there was also a range of health information leaflets in a display stand beside the prescription reception counter. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter, and a travel health service.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to provide all of the medicine, and the prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they checked to see if the stock was available in their other pharmacy, and all of their wholesalers. If they couldn't obtain the stock the RP contacted the GP to suggest an alternative.

There was a valid patient group direction (PGD) in place to enable the pharmacist to supply prescription-only medicines for erectile dysfunction. The PGD had been provided by the NPA and was valid until January 2020. The RP explained that he had previously subscribed to a number of other PGDs such as malaria prophylaxis. He had stopped using this since the medicine could now be supplied without a prescription, although he still made some use of it to ensure that the medicine would be suitable for each supply. Patient consent forms and other paperwork relating to supplies covered by the PGDs were seen and were stored in the consulting room. The PGD for the NHS seasonal flu vaccination service was valid until March 2020. There was one adrenaline autopen injector kept in the consultation room for use in emergencies, and more were available in the dispensary should they be required.

Completed prescriptions for CDs were highlighted so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 CDs were also highlighted to help ensure that they weren't handed out after they had expired. Schedule 4 CDs such as zopiclone or diazepam were not routinely highlighted, but the trainee technician explained that everyone working in the pharmacy was a qualified dispenser and that they knew what to look for. He explained that he checked the retrieval shelves every two weeks so ensure that anything more than four to six weeks old (depending on what the items were) were removed as they didn't have the space to store much more than that. Any expired Schedule 3 or 4 CDs still awaiting collection were then removed. Substance misuse services were provided in a satisfactory manner, and it was clear that the pharmacy team had a good rapport with its service users. The RP confirmed that he contacted the local substance misuse team if there were any problems. The Fridge lines in retrieval awaiting collection were also highlighted with the letter 'F' so that staff would

know that there were items to be collected from the fridge.

Compliance aids were assembled in the basement, away from distractions. The pharmacy used a filing system with each week of the four-week cycle numbered in order to ensure that prescriptions were ordered, labelled and dispatched at the appropriate times. Any known allergies were recorded on the patient's PMR. Medication changes were also recorded on the individual PMR once they had been verified either by checking the summary care record (SCR) or contacting the surgery. Medication times were checked, and any discrepancies were followed up via the SCR before labelling. Compliance aids did not include product descriptions and both the trainee technician and the RP explained that they had agreed this with the local GP practices and care agencies involved. Apparently they had found that people were more likely to remove tablets themselves if they had the description, so they encouraged people to return their blister packs to the pharmacy if any of their medicines were to change. This practice was discussed and they were advised to consult the current guidance on multicompartment compliance packs available from the Royal Pharmaceutical Society (RPS). Patient information leaflets (PILs) were always supplied. There were a number of compliance aids ready for supply to individual patients which were seen to contain PILs. Warfarin and alendronic acid were supplied separately.

Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled regarding the importance of having effective contraception. Records of interventions were kept on their PMR. Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions were recorded on the PMR. However, most people in need of anticoagulants in the area were now taking rivaroxaban instead of warfarin. Patients taking methotrexate and lithium were not routinely asked about blood tests (unless during the course of a medicines use review or MUR), so upon reflection the RP agreed to start recording them in future.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance, Colorama and Doncaster. Unlicensed 'specials' were obtained from Aclardian. The pharmacy did not have the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) but had registered with spider FMD and was waiting for the equipment to arrive.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. The RP explained that since purchasing this particular medical fridge, they had seen much less variation in temperature than before. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The RP described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was a list of hazardous medicines present and a separate purple-lidded container designated for the disposal of hazardous waste medicines. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in the patient safety folder. 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. It uses its facilities and equipment appropriately to keep 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.

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 left in a secure location within 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.