

Registered pharmacy inspection report

Pharmacy Name: Seaford Pharmacy, 18 - 20 Dane Road, SEAFORD,
East Sussex, BN25 1LL

Pharmacy reference: 1036265

Type of pharmacy: Community

Date of inspection: 03/04/2019

Pharmacy context

This is a community pharmacy located on a small parade of shops in the seaside town of Seaford. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week, dispenses NHS prescriptions, sells a range of over-the-counter medicines and supplies medicines in multi-compartment medicine devices for people to use living 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
1. Governance	Standards met	1.2	Good practice	The pharmacy team regularly reviews its records of errors and near misses, and takes action to reduce the risk of them happening again. The Area Manager conducts regular audits to make sure that the team are following the correct procedures.
		1.7	Good practice	Team members are given information governance (IG) training as part of their induction and their ongoing training. They can explain what to do in case of a data breach.
2. Staff	Standards met	2.4	Good practice	Team members are enthusiastic and able to explain the importance of what they do. They are comfortable talking about their own mistakes and see the importance of sharing learnings.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team make sure that important information about dispensed medicines is highlighted so that when they are handed out, people will be given suitable advice. The pharmacist carries out assessments to make sure that anybody given their medicine in a blister pack is able to manage them. Team members assemble those blister packs in a separate room to avoid distraction.
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 keeps its records up to date and these show that it is providing safe services. It manages and protects confidential information well and it tells people how their private information will be used. The 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 are up-to-date Standard Operating Procedures (SOPs) in place to underpin all professional standards. They are provided online from Head Office and the pharmacist keeps paper copies in a file which have been signed as read by all staff. The pharmacist holds weekly and monthly meetings to update staff on new SOPs, new training, to share learnings from other pharmacies within the company, and to discuss what went well/not so well during the previous week and what can be done to make improvements.

Errors and near misses are regularly recorded online using Pharmapod, showing what has been learned and what has been done. Individual team members make their own entries and a monthly report is produced and discussed with the team to identify any patterns or reasons. These reports are then 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. The team had also separated some items on their own initiative, such as the two strengths of amoxicillin capsules.

A clinical governance audit is carried out by the Area Manager every six months to ensure that pharmacy procedures are being properly followed and that staff are operating in accordance with their roles and responsibilities. Actions are then agreed and then followed up. Signatures were seen to confirm this.

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. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on display for patients to see. The pharmacy complaints procedure was set out in the practice leaflets, which were in a display stand opposite the pharmacy counter. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was also on display for patients to see.

Private prescription records were maintained electronically and were mostly complete and correct.

There were some examples where the prescriber details were incomplete, eg “dentist” rather than name and practice. There were no examples of emergency supplies seen as requests are generally referred to the National Urgent Medicines Supply and Advice Service (NUMSAS). The controlled drug (CD) register was seen to be correctly maintained, with running balances checked monthly in accordance with the SOP. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed “specials” were seen to be complete.

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 were laid out in such a way as to avoid inadvertent breaches of confidentiality. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste is kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit is completed on behalf of the pharmacy by Head Office.

There are safeguarding procedures in place and contact details of local referring agencies were seen to be on display in the dispensary. All staff have undergone safeguarding level 1 training, all registrants have been trained to level 2 and one of the dispensing assistants had been level 3 trained in a (recent) previous employment. 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

This was a fairly new team with a mix of new and experienced staff, all of whom appeared to be working well together. There were two members of staff serving at the medicines counter and four dispensing staff including one Accuracy Checking Technician (ACT) and a relief dispenser provided by Head Office. In the event of staff shortages, the pharmacist could call upon staff from a neighbouring Payden's pharmacy if necessary. Training records were seen confirming that all staff had either completed or were undertaking the required training.

The medicines counter assistants were seen to be asking appropriate questions when responding to requests or selling medicines. The pharmacist and ACT 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. Records of regular team meetings were seen, and evidence of the actions agreed upon. 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

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and the pharmacy provides a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises are clean, tidy and in a good state of repair. There is sufficient space to work safely and effectively, and the layout is suitable for the activities undertaken.

There is a consultation room for confidential conversations, consultations and the provision of services. The door was open but unauthorised access prevented by a retractable belt barrier, and by its position directly facing the entrance to the dispensary.

The dispensary sink only has cold running water, but hand washing facilities with hot and cold water are available at the rear of the premises. The sinks and toilet areas were clean and well maintained.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are delivered 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 the medicines it supplies are fit for purpose. It takes steps to identify people supplied with high risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds appropriately to drug alerts and 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

The pharmacy provides a range of services which the pharmacist is actively trying to build up. The most recent addition being the NHS Healthcheck service. The travel vaccination service was very successful in the past with a high demand from students travelling, although this has declined in recent months. The services available are displayed in the window and patients are signposted elsewhere for services not provided in the pharmacy.

Controls were seen to be in place to reduce the risk of picking errors, such as stickers on-shelf to highlight LASAs, and the use of baskets to keep individual prescriptions separate. Electronic Prescription Service (EPS) tokens were annotated at the labelling stage, highlighting key information for the pharmacist's clinical check, such as new medicines or altered dosages. The tokens were initialled to show who had undertaken the clinical check, and 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. Patients are then phoned to advise them when their medication would be ready. Prescriptions in retrieval awaiting collection are clearly marked to indicate if further intervention is required when handing them out, eg additional counselling or items in the fridge. CDs are highlighted, including schedule 4s such as zopiclone to ensure that they are not handed out after their 28-day validity. Counselling notes are added to the patient medication record (PMR) and the pharmacist then uses the "counselling notes manager" feature of the PMR system to communicate with local GPs.

Monitored Dosage System (MDS) trays are dispensed in a separate room at the back of the pharmacy, away from distractions. Each patient has an individual record sheet showing their current medicines and dosage times. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided. If a patient is referred by their GP, or identified in the pharmacy, as potentially benefitting from having MDS trays, the pharmacist completes an assessment to confirm their suitability. Records of the assessments were seen and are shared with the patient's GP.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The counselling was seen to have been recorded on their PMR. Patients on warfarin are routinely asked for their INR records, and/or yellow book, but most don't have them with them. Those that do are recorded on their PMR.

Valid up-to-date Patient Group Directions (PGDs) were seen to be in place for the various travel vaccinations offered and for the flu vaccination service.

Medicines are obtained from licensed wholesalers including AAH, Phoenix, Alliance and Sangers. Unlicensed “specials” are obtained from Quantum Specials. The pharmacy was seen to be compliant with the Falsified Medicines Directive (FMD) and was using the system to decommission stock as required.

Routine monthly date checks were seen to be in place, and any items with a shelf-life of less than three months were removed and details recorded. There were some medicines being stored in plain white cartons but they were appropriately labelled with batch numbers and expiry dates. No packs were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge temperatures were recorded daily and seen to be within the two to eight degrees Celsius range.

Pharmacy medicines are displayed behind the medicines counter and unauthorised access/self-selection is prevented by a retractable barrier. Patient-returned medicines are screened by placing them in a tray to ensure that any CDs are appropriately recorded, and that there are no sharps present. There was a list of hazardous medicines in the bottom of the tray to ensure that staff segregated them for separate disposal. Purple-lidded containers for this were seen. Patients with sharps are signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy receives drug alerts and recalls from the MHRA, which were seen to be kept in a well organised file with tabbed dividers. Each alert was annotated with any actions taken, the date and initials of those involved. These alerts were also seen to have been discussed in the regular team meetings.

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with blood pressure monitors, cholesterol monitors and scales all easily available. Adrenaline injections were also kept in the consulting room in the event of a patient experiencing anaphylaxis. The pharmacist outlined the procedure to be followed in such an event.

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

All the equipment (blood pressure monitor, electronic scales and cholesterol monitor for the NHS Healthcheck service) in the consulting room was seen to be fairly new and the pharmacist explained that it would be replaced every two years.

There was also a password-protected PMR terminal in the consultation room with internet access. Up-to-date copies of the BNF and Childrens BNF reference books were seen. The pharmacy has a set of clean crown-stamped conical measures.

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.