

# Registered pharmacy inspection report

**Pharmacy Name:** Ticehurst Pharmacy, Church Street, Ticehurst,  
WADHURST, East Sussex, TN5 7AA

**Pharmacy reference:** 1036282

**Type of pharmacy:** Community

**Date of inspection:** 03/04/2023

## Pharmacy context

This is a community pharmacy in a rural village. It mainly dispenses NHS prescriptions and it offers a travel vaccination service. It dispenses some medication in multi-compartment compliance packs for people who need additional help with taking their medicines. The pharmacy had an associated premises from which it supplied a large number of Covid vaccinations, and was planning to use the site again later in the year. The associated premises was not currently being used and was not seen during the inspection.

## Overall inspection outcome

**Standards not all met**

**Required Action:** Improvement Action Plan

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 not all met	4.2	Standard not met	The pharmacy does not ensure that it has valid patient group directions to cover the relevant supplies it makes.
		4.3	Standard not met	The pharmacy does not store all its medicines securely and in accordance with requirements.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with its services. Team members understand their roles and responsibilities, and they know how to protect people's personal information. The pharmacy largely keeps the records it needs to by law. Staff know how to protect the welfare of a vulnerable person. Team members do not consistently record dispensing mistakes, which could mean that they were missing out on opportunities to learn and make the pharmacy's services safer.

### Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) for staff to follow. The superintendent pharmacist (SI) was working as the responsible pharmacist (RP) on the day of the inspection. He confirmed that the SOPs had been reviewed in 2022, but this was not clearly documented in the SOPs. Team members had signed the relevant SOPs to indicate that they had read and understood them. The pharmacy had recently obtained a new patient medication record (PMR) system which automated parts of the dispensing process. But the written SOPs had not been updated to reflect the changes in the process. There were training videos associated with the new processes, and the trainee dispenser said that she had watched some of them. The SI said that there were new SOPs on the computer, and he was going to use electronic SOPs going forward. And that he would ensure that the SOPs reflected the usual practice in the pharmacy.

Up until January 2023 the pharmacy had recorded near misses, where a dispensing mistake happened and was identified before the medicine was handed to a person. The pharmacy had stopped recording the near misses on the paper sheet when the new PMR system had been installed. The SI had understood that near misses were automatically recorded on the new system, but when he checked he found that this part of the system had not been activated. He said that he would look into this and find a way to record any near misses. He explained that the system required scanning medicines at several stages of the dispensing process, and it flagged up any mistakes. The SI was not aware of any recent dispensing errors, where there was a dispensing mistake and the medicine had been supplied to a person. He could demonstrate how he would record any errors using the National Reporting and Learning System.

The SI (who was the RP for the day) was not present at the start of the inspection and arrived after about ten minutes. The trainee dispenser demonstrated that she knew what she could and could not do before he turned up. She could explain what she would do if a person tried to repeatedly buy a medicine liable to abuse. Team members roles and responsibilities were specified in the SOPs.

The pharmacy had a complaints procedure for staff to follow. And there was a sign in the public area to explain to people how they could provide feedback or make a complaint. The pharmacy had current professional indemnity insurance.

The pharmacy's controlled drug (CD) registers were kept electronically, and samples seen contained the required information. The CD running balances were checked on a regular basis. A random check of a CD medicine found that the quantity in stock did not match the recorded balance. But this was found to be due to a recent prescription not being entered and was immediately rectified by the SI. The right RP

notice was displayed to the public, and the RP record had largely been filled in correctly. Records about unlicensed medicines supplied were maintained appropriately. The pharmacy's private prescription records largely complied with requirements, but supplies made under patient group directions (PGDs) had been entered as private prescriptions rather than PGDs. It was found on the PMR system that there was an option to mark a supply as 'PGD' instead of a private prescription and the SI said that he would use this going forward.

No confidential information could be read from the public area. The consultation room was to the rear of the shop, and people going into the room passed the area where bags of dispensed medicines were. The details on the bags on the top shelf were potentially visible, and the SI said that this would be addressed. The bags on the other shelves were in boxes which protected the details from view. The SI said that people were always accompanied to and from the room, and not left alone inside. Confidential waste was separated from general waste and disposed of with a shredder. There was a brief confidentiality SOP which team members had read.

The SI confirmed he had completed the level 3 safeguarding training and could describe what he would do if he had any concerns. The trainee dispenser said that she would refer any concerns to the pharmacist. There was a safeguarding SOP that staff could refer to if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

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

### Inspector's evidence

Present during the inspection were the SI and a trainee dispenser. The trainee was around halfway through her course and had also completed some ongoing training with a view to be able to administer vaccines. The pharmacy also employed a trained dispenser who was undertaking the NVQ3 course. The pharmacy team was up to date with its workload.

The trainee dispenser felt comfortable about raising any concerns or making suggestions. The SI often worked at the pharmacy and was easily contactable. As the team was small, there were no formal meetings, but staff had informal conversations on a frequent basis. Team members had received training about the new PMR system. They were not set any targets for the pharmacy's services. The SI felt fully able to take professional decisions to help ensure people received safe services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was generally clean and tidy. There were stockrooms upstairs, which were a little cluttered with items from the offsite vaccination centre, but these were not visible to the people using the pharmacy. There were some items on the stairs going up to the stockrooms. The stairs were wide, but the SI agreed to remove the items to help prevent team members tripping on them. The consultation room was small, but was away from the public area and provided an adequate level of soundproofing. There was enough clear workspace in the dispensary for safe dispensing. Staff had access to handwashing facilities, and the premises were secure from unauthorised access.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not ensure that it has valid patient group directions to cover the relevant supplies it makes. And it does not store all its medicines securely and in accordance with requirements. However, the pharmacy gets its medicines from reputable suppliers and otherwise largely stores them properly. The pharmacy's services are accessible to people. And team members take the right action in response to safety alerts.

### Inspector's evidence

There was a small step from the street, and a buzzer sounded when the door was opened. Staff said that they went to help people who needed assistance getting into the pharmacy. The SI said that the pharmacy used to have a ramp, but this had been moved to the pharmacy's vaccination site. Once in the pharmacy, there were no steps on the way to the consultation room. The ceiling of the shop area was around 195cm high, which could cause issues for people who were taller.

The pharmacy administered a range of travel vaccinations, including vaccinations for Yellow Fever. The SI explained that these were administered under PGDs, but when these were checked it was found that the PGDs were not authorised. The SI confirmed that he had been administering travel vaccines and had not been aware that the PGDs were not valid. There were also records seen on the PMR of supplies made under a PGD. The SI said that he had been using the PGDs from the same supplier for many years and explained that he had attended face-to-face training for the vaccination service in January 2022. He contacted the PGD supplier during the inspection and was informed that there was a list of questions that needed to be answered on the supplier's website before the PGDs would be authorised. The SI said that he would do this the same day.

Prescriptions for Schedule 3 and 4 CDs were highlighted, to help make the team member handing out the medicines aware of the shorter validity date of the prescriptions. The SI was unsure if prescriptions for higher-risk medicines such as warfarin or methotrexate were highlighted, and there were no examples found on the shelves. He explained that the PMR likely had the facility to automatically highlight these medicines and he would investigate this with the PMR supplier. The pharmacy supplied valproate-containing medicines to one person in the at-risk group, and the SI confirmed that he had checked the person was on the Pregnancy Prevention Programme. However, this check had not been recorded on the PMR and the SI said that he would do this in the future. The pharmacy had warning cards and leaflets for use with split packs of valproate, but staff were unable to find any warning stickers. The SI said that he would check and order some stickers in if the pharmacy did not have any.

Baskets were used to help keep different people's medicines separate during the dispensing process. The SI demonstrated the pharmacy's new PMR system, which incorporated several checks where medicines were scanned as part of the dispensing process. Team members scanned medicines picked from stock, and the system clearly highlighted if the wrong medicine had been selected. Once the medicines were labelled, the labels and medicines were scanned again to make sure the right label was on the right medicine. QR codes were used on the labels and bags of medicines to provide an audit trail of the whole process from dispensing to handing medicines out. The SI explained how the new system had significantly reduced the number of dispensing mistakes.

The pharmacy got its medicines from licensed wholesale dealers and specials suppliers, and they were generally stored in an orderly way in the dispensary. The SI said that stock had been date checked recently, but this had not been recorded. Several shelves were checked, and no date-expired medicines were found. Bulk liquids were dated when opened, to help staff know if they were still suitable to use. Waste medicines were separated from stock and placed into designated bins and sacks. There were some tablets and capsules in stock which were stored in plastic bottles, and the bottles had not all been marked with the batch number and expiry date of the medicines. This could make it harder for the pharmacy to do date checks and deal with safety alerts effectively. Fridge temperatures were monitored and recorded daily, and previous records seen were within the appropriate range. The pharmacy did not store its controlled drugs in accordance with legal requirements.

The pharmacy received drug alerts and recalls via email and team members had access to an online system that listed all the latest ones. It sometimes recorded when action had been taken, but this was not done consistently. The SI described the action that the pharmacy took in response to alerts and recalls.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

There were clean glass measures for measuring liquids. Tablet counting triangles were clean, with a separate triangle marked for use with methotrexate only. This helped avoid cross-contamination. The phone was cordless and could be moved to a more private area in the pharmacy. There was an in-date anaphylaxis kit available in the consultation room. Computer terminal screens were turned away from people using the pharmacy, and the terminals were password protected.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.