

# 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:** 01/11/2023

## 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 has an associated premises from which it provides a large number of Covid vaccinations. The associated premises were not seen during the inspection.

## 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 manages the risks associated with its services, and team members know about their roles and responsibilities. People can provide feedback to the pharmacy or raise concerns. And the pharmacy generally keeps the records it needs to by law. On the whole, it protects people's personal information appropriately. Team members generally know what they should do if they have concerns about a vulnerable person.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were available to team members on the pharmacy's computer system. There was a record to show when team members had read them. The responsible pharmacist (RP) was a locum and had only worked at the pharmacy for a couple of days. He said he had read the previous SOPs but had not read all the new electronic SOPs and said that he would do so. The trainee medicines counter assistant (MCA) was able to explain what she could and could not do if the RP had not turned up in the morning.

Dispensing mistakes which were identified before the medicines were handed out (near misses) were recorded automatically on the pharmacy's computer system. The RP described how the computer system required barcodes or QR codes to be scanned at each stage. And if the system identified an incorrect barcode, staff would highlight this with the RP who would then check if the right medicine had been dispensed. Team members had some trouble locating the near miss records and were unsure if they were reviewed to identify any patterns or trends. Staff were not aware of any dispensing errors occurring recently, where a dispensing mistake had happened and the medicine had been handed out. And they were unsure how they would be recorded. At the previous inspection, the superintendent pharmacist (SI) had explained how he would report any errors on the National Reporting and Learning System.

The trainee medicines counter assistant (MCA) could explain what she could and could not do if the pharmacist had not turned up in the morning. The pharmacy had a complaint procedure which staff had read. There was a sign in the public area to explain to people how they could provide feedback or make a complaint. The indemnity insurance certificate on display had expired, but following the inspection the pharmacy's indemnity insurer confirmed there was current cover.

The right RP notice was displayed, and the RP records seen largely complied with requirements. Records about emergency supplies and private prescriptions dispensed generally contained the required information. But the private prescription records did not always give the name and address of the prescriber. Some records about unlicensed medicines dispensed did not contain all the required information, and the RP said that this would be recorded going forward. Controlled drug (CD) registers were kept electronically, and the entries seen had the required information recorded. A random check of a CD showed that the recorded balance matched the physical quantity present.

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 stored. The details on some of the bags were potentially visible, and this was highlighted to the RP who said he would discuss it with the SI. Staff explained that people were always accompanied to and from

the consultation room and not left alone inside. Confidential waste was separated from general waste and disposed of using a shredder.

The RP confirmed he had completed safeguarding training, and contact details for local safeguarding agencies were available in the dispensary. There was a safeguarding SOP that staff could refer to if needed. The delivery driver was unsure if she had read the safeguarding SOP but agreed to do so. She explained that she had worked at the pharmacy for a considerable time.

## 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 undertake some ongoing training to help keep their knowledge and skills up to date. And they can raise concerns or make suggestions about the pharmacy's services.

### Inspector's evidence

At the time of the inspection there was the RP, a trainee dispenser, and a trainee MCA. And there was a team member who had only just started working at the pharmacy and was not yet registered on an accredited course. He said he had read through the SOPs relevant to his role. Staff were up to date with the pharmacy's workload. They felt comfortable about raising concerns or providing feedback, and usually had meetings weekly. Most staff working at the pharmacy were undertaking accredited training, and they were provided with some additional ongoing training. This included information from product manufacturers, and the trainee MCA said she was going to do some further training on health supplements. Staff were not set any numerical targets to achieve, and the RP felt able to take professional decisions.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure, and largely kept clean and tidy. 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 but tidier than on the previous inspection. 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. Storage space in the dispensary was limited but it had generally been used well. Staff had access to handwashing facilities, and the premises were secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and effectively. It gets its medicines from reputable sources and generally stores them properly. Team members take the right action in response to safety alerts, so that people get medicines and medical devices that are safe to use. People can generally access the pharmacy's services.

### Inspector's evidence

There was a small step from the street, and a buzzer usually sounded when the door was opened but staff said it was currently not working. Team members could see the front door from the counter and said that they went to help people who needed assistance getting into the pharmacy. Once in the pharmacy, there were no steps on the way to the consultation room.

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 trainee dispenser was unsure if prescriptions for higher-risk medicines such as warfarin or methotrexate were highlighted, and there were no examples found on the shelves. On the previous inspection the SI had explained that the patient medication record (PMR) system likely had the facility to automatically highlight these medicines and that he would investigate this with the PMR supplier. The RP was aware of the additional guidance about pregnancy prevention to be given to people in the at-risk group who took valproate medicines. Not all dispensary staff were aware however, and the RP said that he would explain the guidance to them. The RP had not worked at the pharmacy long and was unsure if the pharmacy currently had any people in the at-risk group.

Baskets were used to help keep different people's medicines separate during the dispensing process. The trainee dispenser described how the pharmacy's PMR system worked, and it 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 pharmacy provided some services using patient group directions (PGDs) such as travel vaccines and flu vaccinations. The PGDs were not available during the inspection as the SI was the one who provided the PGD services and he was not present. But following the inspection the SI sent several of the PGDs through, and they were in date.

The pharmacy got its medicines from licensed wholesale dealers and specials suppliers, and they were generally stored in an orderly way in the dispensary. Team members understood that the stock was date checked, but were unable to locate the records. Several shelves were checked at random and no date-expired medicines were found in stock. 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 and the plastic

bottles were disposed of. CDs were stored securely.

The pharmacy had three fridges, and the current temperatures of all of them were within the appropriate range. Staff explained that the temperature ranges were monitored electronically, and the SI would receive a notification if the fridges went out of range. But they did not have access to these records. Following the inspection, the SI sent through copies of the electronic logs, and temperatures seen were within the appropriate range.

The pharmacy received drug alerts and recalls on the pharmacy computer, and team members recorded on it what action had been taken in response, and who had taken it.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And 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.  |