

Registered pharmacy inspection report

Pharmacy Name: DITCHLING PHARMACY, Unit 3, 2 South Street,
Ditchling, HASSOCKS, West Sussex, BN6 8UQ

Pharmacy reference: 1037331

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

This is a small pharmacy located in Ditchling, a village in the South Downs National Park. 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, and a twice weekly home delivery service. It also supplies some medicines in multi-compartment 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

Overall the pharmacy manages risk adequately. But it logs few of the mistakes it makes during the dispensing process. This may make it more difficult for the pharmacy to spot patterns and take action to prevent mistakes being repeated. The pharmacy has written instructions to tell staff how to complete tasks safely. But it has only just reviewed and updated some of them, so they may not be aware of any recent changes. The pharmacy keeps all of the records it needs to by law, and generally protects confidential information well. The pharmacy's team members 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 were standard operating procedures (SOPs) in place to underpin all professional standards. They were all neatly stored in a well-organised file and had been signed by staff to say that they had read and understood them. Some were last reviewed in November 2014 but most of them were due in March 2017. There were a small number at the beginning of the file that had been more recently reviewed. But there were no responsible pharmacist (RP) SOPs in place. The pharmacist explained how they usually receive updates and training from a specialist pharmacy support organisation. The pharmacist confirmed by email that he had subsequently reviewed and signed the SOPs, and that he had located and reviewed the RP SOPs.

Near misses and errors were recorded on the pharmacy's patient medication record (PMR) system, but there was only one error reported and no near misses. The pharmacist explained that as they were very quiet, they didn't tend to happen. There was no additional dispensing support for the pharmacist, so he described checking his own work when bagging completed prescriptions. This was discussed and upon reflection the pharmacist agreed that he would start recording all near misses. The pharmacist subsequently confirmed by email that he had misunderstood the distinction between near misses and errors, and that he was now recording everything. He also said that he had just received the most up-to-date patient safety report from the NPA, which contained advice for pharmacists who have to check their own work.

Roles and responsibilities of staff were documented in the SOPs but there were no other staff on duty at the time of the inspection, so their understanding could not be checked. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log on the computer was complete.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were available on www.nhs.uk, and showed that 100% of respondents rated the pharmacy overall as either excellent or very good. The complaints procedure was available in the pharmacy practice leaflets. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until December 2019 was on display behind the medicines counter.

Private prescription records were maintained in a book and found to be complete with all the necessary details. There were no separate emergency supply records as the pharmacy offers the 111 NUMSAS (National Urgent Medicine Advanced Service) but had received no referrals to date. The controlled drug

(CD) register was correctly maintained, and stock balances were checked whenever an entry was made in the register. Stock balances of two randomly selected items were checked and found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. There were a few CDs yet to be destroyed as they had only recently been returned and the pharmacist was waiting for a suitable witness to be available. There were no records of unlicensed specials as the local surgery did not prescribe any.

The pharmacist was able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. He had also completed the data security and protection (DSP) toolkit. The pharmacy offers a delivery service on Wednesdays and Fridays and is operated by the owner's other pharmacy in Lewes. Delivery records could not be inspected as they were kept by the driver, but the pharmacist explained the procedure. The driver obtained people's signatures upon delivery, but the layout of the signature sheet enabled them to see other people's names and addresses. This was discussed, and upon reflection the pharmacist agreed to change their procedures to ensure that people could not see other people's details when signing for receipt of their delivery. The pharmacist subsequently confirmed by email that this had been done, and that he had also briefed the delivery driver on these changes. In the event of a failed delivery, the driver would leave a card and return the medication to the pharmacy for delivery on the next available slot.

Completed prescriptions in the prescription retrieval system were sited so that no sensitive information was visible to people waiting at the counter, although they could be seen by people leaving the consulting room. This was discussed at the time and the pharmacist subsequently confirmed by email that he was having screens fitted across the front of the shelving unit where the completed prescriptions were stored, and also across the entrance to the working area of the dispensary. He was also obtaining storage boxes for those bulky prescriptions currently stored on the floor. Confidential waste was kept separate from general waste and shredded onsite as required, usually at the end of the day.

There were safeguarding procedures in place but contact details of local referring agencies were not seen to be held on file. The pharmacist explained that he knew where the local agencies were based and could look up their contact details online if necessary. He subsequently confirmed by email that he had since added those contact details to the appropriate section of the risk management folder, and that he had downloaded the NHS safeguarding app for reference. The pharmacist had completed CPPE level 2 safeguarding training, and other staff had undergone level 1 training on the online PharmOutcomes platform.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It provides them with appropriate training and supports their development needs.

Inspector's evidence

There was only the RP on duty during the inspection as the only other member of staff was on holiday. As the pharmacy was very quiet it did appear to be appropriate for the workload, although the pharmacist did say that he had been trying to recruit another member of staff without success.

The medicines counter assistant (MCA) had recently completed the NPA interact course for MCAs. She was hoping to start the dispensing assistant course next. There were certificates of qualification on display, but most of them were for staff who had either left or who were working in the owner's other pharmacy.

The pharmacist was aware of potential medicines abuse and could identify patients making repeat purchases. He was seen serving customers and asking appropriate questions when responding to requests or selling medicines. He confirmed that he was comfortable with making decisions and did not feel pressurised to compromise his professional judgement. The pharmacist said that staff could raise concerns with him, discuss problems and that there is a whistleblowing policy available for them if needed. There were no formal targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the provision of most of its services, but the location of the consulting room is not ideal.

Inspector's evidence

The pharmacy premises were a little cluttered but clean, and in a reasonable state of repair with stepped access and a single opening door. This was an old building in a conservation area, so little could be done to alter the exterior of the building to improve access. The pharmacist explained that he would sometimes deliver medicines personally to people who were unable to access the pharmacy, especially if some additional counselling were required. There was a compact but well laid out dispensary, with additional storage at the back. There was just sufficient space to work safely and effectively at the current level of workload.

There was a separate consultation room at the rear of the pharmacy for confidential conversations, consultations and the provision of services. This room was unlocked when not in use, but people could only access this by going through the dispensary. There were several bags of returned medicines in the consulting room that had not yet been sorted as they had only recently been returned. There was no confidential information on display in the consulting room itself. There was a sink with hot and cold running water in the consulting room.

The dispensary sink was not in use and had been disconnected from the water supply so the consulting room sink was used if required. The sinks and toilet areas were clean and well maintained. Room temperatures were appropriately maintained to keep 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 generally manages medicines safely, but it is not yet scanning prescription medicines as required by law. The pharmacy takes steps to identify people supplied with high-risk medicines, but it doesn't always record the details. So it may be missing opportunities to help ensure that people take their medicines safely. The pharmacy doesn't currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

There was a range of health information posters and leaflets on display in the entrance porch to the pharmacy. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as using baskets and being aware of LASAs although there were no stickers present to highlight them. The pharmacist explained that he had separated amlodipine from amitriptyline and ropirinole from risperidone. Prescription 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. If an item was likely to be unavailable for some time, the pharmacist would send the patient back to GP for an alternative. CD stickers were attached to completed prescriptions for CDs so that staff would know that they needed to look for a bag in the CD cupboard. The prescriptions were also annotated with 'CD'. Schedule 3 and 4 CDs were not highlighted but the pharmacist explained that the prescription retrieval shelves were cleared once a month and any CDs including those in schedules 3 and 4 would be removed. He also noted that people locally tended to collect their prescriptions promptly so very few remained on the shelf for long. Upon reflection, the pharmacist agreed to obtain new stickers with space to write in an expiry date and use them for all CD prescriptions to further reduce the chance of them being handed out after they had expired. This was subsequently confirmed by email.

Multi-compartment compliance aids were dispensed at another local branch and then delivered by their shared delivery driver. The pharmacist was aware of the risks involved in dispensing valproates to patients in the at-risk group, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit did not identify any patients in the at-risk group.

Patients on warfarin were asked if they knew their current dosage, whether they had their yellow book and whether their INR levels had been recently checked. These interventions were only recorded if the patient had the figures with them. Substance misuse key workers at CGL were contacted when people using the service failed to turn up for three consecutive days.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix, Colorama, and DE South. No unlicensed 'specials' were obtained. The pharmacy did not have the scanners and software necessary to comply with the Falsified Medicines Directive (FMD). They were waiting to be registered with 'SpiderFMD' before starting to decommission products.

Routine date checks were seen to be in place, and record sheets were completed. The pharmacist explained how they would usually do it once a month. Stock found to be within three months of expiry was marked with coloured dots and then removed from stock if still present at expiry. There were separate sheets for over-the-counter products.

There were no opened bottles of liquid medicines, no plain cartons of stock seen on the shelves, and no boxes of tablets or capsules were found to contain mixed batches. The fridge temperatures were recorded daily and seen to be within the correct temperature range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. People with sharps for disposal were signposted to the local council. There was no purple-lidded bin for hazardous waste and no separate list of hazardous medicines was available. The pharmacist subsequently confirmed by email that he had obtained a list of hazardous medicines from the NPA and that he had ordered the appropriate bin for their disposal. Denaturing kits for the safe disposal of CDs were also seen.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a box file. Each alert was kept on file on PC and actioned as appropriate. The pharmacist knew what to do if he received damaged or faulty stock and he explained how he 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, and it makes sure that it is properly maintained. The pharmacy generally keeps most people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including a 100ml and 25ml 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 are positioned so they are not visible to the public. NHS Smart cards were seen to be in use and not left on the premises overnight.

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.